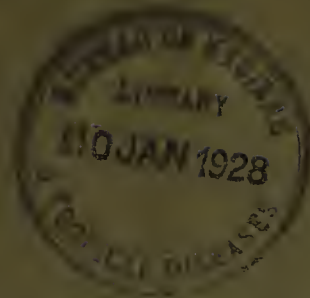


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JAMAICA.



ANNUAL REPORT

OF THE

SUPERINTENDING MEDICAL OFFICER,

*Together with the Reports on the following Departments of the Medical Service
of the Island, viz :*

THE PUBLIC HOSPITAL
THE LUNATIC ASYLUM

THE LYING-IN HOSPITAL
THE LEPERS' HOME

FOR

THE YEAR ENDED 31ST DECEMBER, 1926.

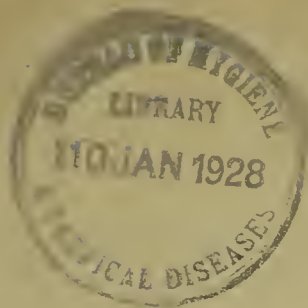
Ordered by His Excellency the Governor to be Printed.





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1926

MEDICAL DEPARTMENT

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1926.

I.—ADMINISTRATIVE.

The establishment for 1926 was:—

A. MEDICAL STAFF.

- 1 Principal Medical Officer
- 1 Senior Sanitary Medical Officer
- 1 Port Health Officer
- 1 Senior Medical Officer, Public Hospital
- 4 Resident Medical Officers, Public Hospital
- 1 Supernumerary Medical Officer,
- 1 Dental Surgeon (part-time), Public Hospital
- 1 Matron, Public Hospital
- 1 Assistant Matron, Public Hospital
- 1 Dispenser, Public Hospital
- 1 Assistant Dispenser, Public Hospital
- 1 Bacteriologist and Pathologist, Public Hospital
- 1 Medical Superintendent, Lunatic Asylum
- 3 Resident Medical Officers, Lunatic Asylum
- 1 Dispenser, Lunatic Asylum
- 1 Visiting Surgeon, Jubilee Maternity Hospital
- 1 Matron, Jubilee Maternity Hospital
- 1 Assistant Matron, Jubilee Maternity Hospital
- 45 District Medical Officers
- 1 Medical Officer in charge of an Out-station
- 17 Dispensers in Public General Hospitals
- 17 Matrons in Public General Hospitals
- 1 Medical Attendant, Lepers' Home
- 1 Superintendent and Dispenser, Lepers' Home
- 1 Matron, Lepers' Home.

B. CLERICAL STAFF AT HEADQUARTERS.

- 1 Chief Clerk
- 1 1st Class Clerk
- 1 2nd Class Clerk
- 4 Assistants
- 1 Typist
- 1 Medical Storekeeper
- 2 Assistant Medical Storekeepers

C. APPOINTMENTS, CHANGES, ETC., IN THE PRINCIPAL MEMBERS OF THE STAFF.

- Dr. L. M. Clark was appointed 4th Resident Medical Officer, Public Hospital.
 Dr. G. N. Hargreaves was appointed to act as Government Bacteriologist.
 Dr. R. W. D. Hewson was appointed Medical Superintendent, Lunatic Asylum.
 Dr. G. S. Escoffery was appointed to act as Visiting Surgeon, Jubilee Maternity Hospital and General Penitentiary.
 Dr. A. A. Anderson was appointed District Medical Officer, Morant Bay.
 Dr. J. H. Clarke was appointed District Medical Officer, Duncans.
 Dr. J. N. McIntosh was appointed Acting Health and District Medical Officer, Port Royal.
 Dr. A. A. Hearne resigned his appointment as Junior Sanitary Medical Officer and returned to England.
 Dr. V. L. Ferguson was transferred to Grenada.
 Dr. E. E. Bronstorff gave up his part-time appointment as Medical Officer, Public Hospital.
 Dr. J. N. McIntosh gave up his appointment as Acting Government Bacteriologist.
 Dr. W. S. Birch resigned his appointment as Medical Superintendent, Lunatic Asylum and returned to England.
 Dr. M. Grabham resigned his appointments as Surgeon, Jubilee Maternity Hospital and Surgeon, General Penitentiary.
 Dr. F. A. G. Purchas resigned his appointment as District Medical Officer, Duncans.
 Major Fretz, R.A.M.C., gave up his acting appointment as Health and District Medical Officer, Port Royal.
 Dr. G. P. F. Allen gave up his part-time appointment as Medical Officer, Bacteriological Laboratory.

II.—PUBLIC HEALTH.

GENERAL REMARKS:—

Alastrim.—The number of cases notified in 1926 was 1,108. In 1925 there were 930 cases; in 1924 there were 1,266 cases and in 1923 there were 1,804 cases.

There is no doubt that, as in previous years, many cases are not reported and this is the chief difficulty in dealing with the disease.

It is these unreported cases that are the cause of so many scattered outbreaks. Every effort is made to give publicity to the nature of the disease and to the fact that vaccination affords protection, but a large number of the Jamaicans remain indifferent. The compulsory vaccination of contacts, legalised by the new Public Health Act of 1925 which came into force on 1st January, 1926, has resulted in many vaccinations and it is now estimated that over 35% of the entire population is immune to the disease either from vaccination within the past seven years or from an attack of the disease. Compulsory general vaccination of the entire population would be a very expensive undertaking. Further details of the disease are given in Section IV. of the report.

Dysentery.—There was a severe epidemic of dysentery in St. Catherine which is referred to in Section IV. of this report. Apart from this epidemic there were more cases in the Colony than in the previous year. In Public General Hospitals outside Kingston, 337 cases were treated with 16 deaths. In Kingston Hospital there were 54 cases and 6 deaths.

Dysentery was only added to the list of Notifiable Infectious Diseases during 1926. It is quite probable that the increase is more apparent than real as formerly many cases were returned as Colitis or Diarrhoea. This was the case at Kingston Prison where investigation by the Bacteriologist proved the disease to be Bacillary Dysentery. Improvements in the sanitation of the Prison are being carried out.

Enteric Fever.—The numbers treated in Hospitals do not differ greatly from those of previous years. In Public General Hospitals there were 393 cases with 101 deaths and in Kingston Hospital 397 with 63 deaths.

1,009 cases were notified but this does not represent the true incidence of the disease. Many mild cases are not seen by a Medical man and so escape notification. A very large number of deaths are registered every year as "fever." These are deaths not certified by Medical Practitioners and some of them are probably due to Enteric Fever.

The great needs of Jamaica are improved water supplies and improved general sanitation. There are very few towns outside Kingston which have a satisfactory water supply. In nearly every case a good water supply would be an expensive work. There are no sources of supply free from contamination, so purification would in every case be necessary.

Steady improvement in sanitation is going on as the result of the work of the Hookworm Commission, but in many cases the good work done by the Commission in the demonstration areas is not kept up in those areas by the Parochial Boards and is not extended to the rest of the parish. There are still popular tourist resorts in the island in which there are hundreds of bucket latrines, the emptying of which is not carried out by the Parochial Board but is left to the individual enterprise of the householder.

Malaria.—1,750 cases were treated in District Hospitals with 41 deaths. In Kingston Hospital there were 254 cases with 8 deaths. These figures are less than the corresponding figures for 1925.

The number of cases treated in Hospital is only a very small proportion of the cases known to occur in the Colony. The Registrar General's report for 1925 gives 476 deaths from Malarial Fever of which 411 were certified by Medical Practitioners. Under the heading "Fever (not otherwise defined)" there were 3,559 deaths of which only 25 were certified by Medical Practitioners.

It is only a matter of speculation as to how many of these deaths were due to malaria, but a large number of them certainly were. Of the remainder it is probable that many were due to Enteric Fever and Tuberculosis.

The desirability of undertaking anti-malarial work has been reported and a suggestion has been submitted for a malarial survey.

Tuberculosis.—Cases of pulmonary tuberculosis are not treated in Public Hospitals owing to lack of accommodation. Many cases are found in the Poor Houses. The provisions for dealing with cases of this disease are at present utterly inadequate. I have, in a report to the Governor, indicated the methods which I think should be adopted.

Syphilis.—In District Hospitals there were 382 cases with 13 deaths. In Kingston, 657 cases were treated with 85 deaths.

Gonorrhoea.—In District Hospitals there were 526 cases with 5 deaths. In Kingston, 499 cases were treated with 11 deaths.

Yaws.—The incidence of this disease varies greatly in different parts of the Colony. It is very rare in the dry low-land areas but is common in the hilly district with abundant rainfall. The cases are treated as out-patients by the District Medical Officers. Bismuth Sodium Tartrate is generally used. An extensive trial of a Bismuth suspension preparation (Bismostab) was carried out but the results were not, on the whole, satisfactory. All District Medical Officers report that the Salvarsan preparations are the best for this disease. The issue of these was discontinued a few years ago on account of the cost. About 15,000 cases are treated annually.

BASIL M. WILSON,
Principal M.O.

District Medical Officers' Reports.

KINGSTON.

Communicable Diseases shewed a diminished incidence under almost every head and the mortality rate in 1926 compares very favourably with that of the preceding year. The drop in Malarial infection is remarkable and gratifying and is, I think, strong proof of the efficacy and success of the Anti-Malarial work of the Sanitary Department of Kingston.

The year under review was divided into two sharply defined periods, the first 6 months being a time of continuous drought, the last half year bringing seasonable rains. The prevalence of disease increased concurrently with the rainfall and the damp nights following heavy showers in the day time caused many cases of Catarrh and mild Influenza.

The diseases that prevailed from time to time were of the usual mild type. No disease, as far as I am aware, assumed wide or serious proportions.

Sporadic cases of Alastrim occurred in the poorer parts of the District at irregular intervals, but the disease never at any time reached epidemic proportions, and was promptly dealt with.

The mortality rate during the several months of the year did not show much variation. There was, however, some slight increase in the spring and winter months, as is usually the case.

As has already been stated, the year was marked by a very severe drought during the first half, less than 3" of rain falling up to the 30th June. In the 5 succeeding months, there was a fairly generous rainfall. December, however, introduced what appears to be the commencement of another dry spell. The total rainfall for the year was 19.73", slightly above that of the preceding year, but much below the average for Kingston. There was marked humidity from September to December, which to some extent adversely affected the health, particularly of the aged and the very young.

A comparison of the health conditions of the district for 1926 with those of the two preceding years brings out the following gratifying information in favour of the former—increased birth rate, lower death rate and marked diminution in infantile mortality—improvement in every direction for 1926.

PORT ROYAL.

I assumed duty here on April 10th, 1926.

The general health of the public to the present date has been exceptionally good.

On the 19th April, I reported the first case of Alastrim, and immediately took every precaution with regard to vaccination, isolation of contacts, removal of case to Hospital and house disinfection.

The insular position of Port Royal, and the condition of house over-crowding in the village area, gave me the opportunity to consider a number of persons as "Contacts" and therefore subject to vaccination. A second case of Alastrim was reported on the 24th April and similar precautions were taken. I vaccinated over 300 "Contacts" and there were no further cases.

Malaria.—This is by no means a local disease. A few cases have occurred but the infection has been traced elsewhere. The following is the list of number of deaths and cause of death to the present date:—

1 (child)	cause of death	Enteritis due to bad feeding.
1 (male)	"	Abdominal Tuberculosis.
1 (female)	"	Pulmonary Tuberculosis.
1	"	Carcinoma of intestine.
1 (child)	"	Convulsions due to Hereditary Syphilis.

There have been a number of cases of Catarrhal Bronchitis with slight fever,

At the beginning of the 3rd week of November, I reported a Bacillary case of Dysentery contracted out of Port Royal. All precautions have been taken to prevent any further cases and, I am glad to say, so far, with success.

Two children have been under treatment for Worms (*Ascaris Lumbricoides*); Hookworm has not yet been found.

During September heavy rains fell but did not adversely affect local public health.

The sanitary arrangements by the Parochial Board are very satisfactory and have naturally helped to make Port Royal a healthy locality.

Conditions are satisfactory at the Quarantine Station.

HALF-WAY TREE.

The general health was better than usual in spite of the unusually high atmospheric temperature through the greater part of the year.

In December, however, the atmospheric temperature suddenly dropped at night and then five fatal cases of Vomiting Sickness occurred. In two of these, children of five years and two and a half years, respectively, I was able to get specimens of blood sufficiently early after death and these specimens were submitted to the Pathologist for examination. He has reported them to be strongly positive of Syphilis. I have long been waiting for this fact to be proved. It is an important addition to our knowledge of the subject.

GORDON TOWN.

General Diseases.—A certain form of Neuritis, a condition quite prevalent in these parts, and the cause rather obscure, has frequently come under my observation. Whilst I have no doubt that climatic conditions aggravate the symptoms complained of, I am of the opinion that investigation would prove that the condition is due to some form of infection.

A few cases of Pulmonary Tuberculosis were met with. A consumptive hospital would meet the requirement for the proper isolation and treatment of such cases.

Owing to the natural condition of the country, there are no breeding places for the Malarial Mosquito. Malaria is therefore, practically unknown.

There were a few cases of Enteric Fever occurring during the late months of the year. One death occurred.

Quite a number of cases, including adults, were treated for Round Worms. The infection in most cases was associated with hookworm disease. One adult and two children on whom post mortems were performed, died from Round Worm infection.

There was no prevailing sickness during the different seasons, except an epidemic of Whooping Cough which occurred at Dallas, during the early part of the year. The cases were not severe and the duration short.

Alastrim made its appearance during the year, but disappeared after prompt measures.

Over 700 children were vaccinated against Small Pox.

A limited number of Yaws cases were treated as in the previous year. The result of treatment with Bismostab compare favourably with Bismuth Sod. Tart. Bismostab has the advantage of being more convenient to handle.

The different seasons had no effect on the relative mortality. The rate was uniform, and showed no increase over the preceding year.

Meteorological conditions seemed to have had no effect on the public health. Influenza which was quite prevalent in the fall 1925, was entirely absent in the same season of 1926.

The public have been taking a more lively interest in health matters than in former years. Modern sanitary conveniences are on the increase. These two factors seem to account for a decrease in the number of infectious cases, with special reference to Enteric Fever.

STONY HILL.

On the whole the general health of the district was very good throughout the year.

General Diseases maintained about the average prevalence and there was no unusual rise nor occurrence that called for special mention.

Of Communicable Diseases—a few cases of Typhoid were seen and reported. The incidence of this disease in this district has been considerably reduced.

Measles was epidemic during the summer and there was no marked seasonal rise of any disease, other than the usual prevalence of Influenza of a mild form and Bronchial Catarrh at the periods which marked sudden changes in the meteorological conditions.

The mortality rate was quite average both with regard to seasons and in comparison with other years.

HAGLEY GAP DISTRICT.

The general health of the Hagley Gap District during the period from 1st January to 31st December, 1926 was distinctly good.

A few cases of Phthisis were met with and a fair amount of Syphilis (Tertiary). Disorders of the Digestive Tract have been common enough. A few cases of Rheumatism (acute) and chest complaints have occurred during wet spells.

One case of Alastrim imported was seen in January. Prompt measures were taken and there was no other case. A case of Measles (also imported) was seen. No other cases of Infectious Disease were encountered and there has been no epidemic of any kind.

MORANT BAY.

The health of the community was quite good during the greater part of the year until October when there was an increase of Malarial Fever following on heavy showers of rain. This exacerbation continued until the first week of December. A large portion of these cases was of a severe type.

There was no outbreak of communicable diseases.

The period under review on the whole was remarkably free of Infective Diseases.

The mortality rate varied very little with the seasons and was quite low.

With the exception of an increase of Malaria before mentioned, the meteorological conditions had no effect on the public health of the district.

PLANTAIN GARDEN RIVER.

During the year 1926 the general health of the community was worse than in the year preceding.

There was no epidemic of Infective Disease but Malaria was prevalent throughout the year. The number of cases treated was greater in the fall of the year. All types of Malaria were seen and quite a few deaths were caused by this disease. Venereal Disease in both sexes was very prevalent.

Yaws appears to be on the increase. This, no doubt is due to the limited number of cases being treated and the use of the Bismuth preparations, which in a number of instances does not cure the disease.

Meteorological conditions of the seasons did not appear to have any effect on the public health.

MANCHIONEAL.

For the period under review the general health of the district was good.

Constitutional Diseases.—There were as usual, a few cases of Rheumatoid conditions chiefly among the aged also a few cases of Cardiac Neuroses.

Communicable Diseases.—Malarial Fever was perhaps the most prevalent disease met with throughout the year and this was to no unusual extent. There was, however, an outbreak of Measles and Whooping Cough (respectively) mostly among children. A few deaths occurred from the former terminating in Broncho-Pneumonia..

Only two cases of Typhoid came under my observation. Both recovered.

Yaws was not prevalent but there has been a considerable amount of Ulcers of the Leg which showed no frank signs of this disease.

Alastrim is still a thing of the past—only one case occurred to my knowledge in the year 1925 and none since.

The weather throughout the year has been mild—there were neither drought, storms nor floods—only seasonable showers of rain which kept up a good supply of clean, pure water. Compared with the preceding year I think that the general health of this district during the year just ended was about the same—good.

PORT ANTONIO.

General Diseases.—A smaller number of cases of Enteric Fever, were treated in Hospital than during the previous year, but a fair number were seen from the eastern part of the district during December.

The epidemic of Alastrim appears to have died out. I understand that no cases were treated in the Infectious Diseases Hospital, during the latter months of the year.

Measles appeared in endemic form in June and continued until the end of December. The cases, generally speaking were of a mild character, but now and then a severe case came under observation.

Communicable Diseases, Insect borne, etc.—The usual number of cases of Venereal, were treated in Hospital and seen in private practice.

Malaria showed a marked increase over 1925, over one hundred more cases were treated in Hospital. I can discover no special reason for this, beyond the fact that a very severe drought was prevalent at the time, but this to my mind should have favoured the disappearance of Malaria, rather than to have increased the incidence of it.

It does not appear to me, that hookworm infection is as prevalent as it was a few years back.

As regards the prevalence of sickness, during the different seasons of the year: the summer months furnished the largest number of cases of Malaria: the other diseases that appeared in epidemic form did so irrespective of season.

Generally speaking, the diseases prevailing, were of a mild character and there was no specially heavy mortality rate, in connection with any of them.

Measles and Alastrim are the only two diseases that might be said to have recurred. A considerable number of years have elapsed, since Measles was present in epidemic form, hence the unusual wide-spread character of the epidemic.

Alastrim disappeared for several months, when a fresh case cropped up, that apparently had no connection with any former case.

The seasons had little to do with increased mortality. During the summer months, when Malaria was more prevalent, no doubt the death rate was increased.

As compared with other years, 1926 might be considered to have been healthy. As mentioned elsewhere, the admissions to Hospital for Malaria were 100 more than for 1925 (Hospital admissions, are in my opinion excellent indication as to the condition of public health) they were however, much below the numbers for a great many previous years.

BUFF BAY.

The chief Diseases encountered have been:

The Malarial Fevers.—155 cases were treated in Hospital with no attendant mortality. The heaviest incidence was in the months of January, October, November and December, and corresponds with the usual increase observed during the periods of increased rainfall.

Enteric Fevers.—There have been 25 cases with 7 deaths a very high rate of mortality, which on review is seen to be due to the fact that the cases are only seen when the disease is well advanced.

Nephritis.—27 cases figure prominently with 10 deaths in the mortality scroll.

Gonorrhoea and its Complications.—It is pleasing to note the much reduced incidence of these conditions—54 cases only having been treated in Hospital as against 110 treated for last year.

Syphilis.—101 cases with one death. This shews a slight improvement on immediately preceding years.

Yaws.—1,000 cases were treated for the twelve months in the several districts by means of intra-muscular injections of Bismuth preparations.

Tuberculosis.—11 admissions with 3 deaths is recorded.

Alastrim.—11 cases occurred between the months of January to April. But it is pleasing to note that no further cases have been reported since the last named date.

Hookworm.—186 cases of Hookworm Disease and infection disclosed from routine examination of stools—and there has been but one death.

Pneumonia.—My record shews 9 cases and 2 deaths.

Leprosy.—2 cases came under my observation during the year and in both of them the necessary legal formalities were gone through, to have them transferred to the Home at Spanish Town.

In general, I would say that the incidence of disease generally and their characters have been affected by the seasons to the usual extent, viz.: increase during periods of greater humidity and lowered temperature.

HIGHGATE.

The only serious outbreak of Infective Disease was that of Alastrim—59 cases were seen by me between the months of January and July but they occurred and were limited practically to one district. Each case was removed to the Isolation Hospital as soon as it was discovered and the Contacts were vaccinated. General vaccination was also carried out in the neighbouring districts. The last case coming under my observation occurred on July 9th.

Malarial Fevers and Influenza were prevalent, especially during the fall of the year and following the first rains after a prolonged period of dry weather.

Enteric Fever occurred throughout the district. The incidence of this disease was not alarming but cases were seen in all parts of the district and were not confined to any special period in the year.

In the homes of the poorer classes, Typhoid Fevers cannot be treated satisfactorily and the cases, whenever it is possible to do so, should be sent into Hospital. In a small two-roomed cottage where overcrowding usually exists, it is only good fortune which prevents the other members of the family contracting the disease. The nursing available is mostly primitive, though well instructed, and in the interest of patient, family and neighbours it is essential to remove the cases to the nearest Hospital. Measles was prevalent in the Spring and Summer months and of a severe type. Of other Infectious Diseases, Whooping Cough and a few cases of Mumps occurred. Yaws was regularly treated throughout the year and about 400 cases were apparently cured. During this year we again suffered a long period of dry weather when the urgent need of water for domestic purposes was keenly felt. I cannot too strongly urge the claims of the District for a water supply. Each year I have stressed this Sanitary requirement as the most urgent for the Towns of Highgate and Richmond. I again express the hope that the Parochial Authorities will be able to finance the scheme they have under consideration for providing a pipe service for these two Towns. It may seem anomalous to report a period of drought in the district and at the same time record, perhaps the heaviest rainfall for many years, yet such is the fact. During the latter months of the year we experienced heavy and very continuous rains. I believe the rainfall for the year to have been 70" with about 164 rainy days—most of which occurred during the last four months.

The houses in the Town and a large number of the homes throughout the district are provided with pit latrines which are the principal forms of convenience in use. These have been maintained in fair sanitary order, but during the periods of heavy rains they are full of water and provide extensive breeding places for mosquitoes. Oiling of these collections of water, though advised, is not regularly carried out and the nuisance due to the mosquitoes is in consequence, often very great.

Extension of concrete surface drains and the maintenance of those already in existence have helped to keep the principal towns clean and sanitary.

ANNOTTO BAY.

General Diseases.—During the year under review, of the 633 patients treated in hospital only 295 could be said to be suffering from General Diseases and as this number includes 62 cases of Ulcers most of which have a syphilitic foundation and 93 were local injuries the actual number of General Diseases was 140.

There were 16 cases of Nephritis. Septic Infection in its many forms was accountable for no less than 45 cases and included large abscesses, Necrosis of bone, Septicaemia, Pyoemia, Puerperal Saproemia Ulcerative Endocarditis, Puerperal Septicaemia and Suppurative Mastitis.

Communicable Diseases.—Of these there were 238 cases.

Of the Mosquito or Insect borne diseases there were 109 cases of Malarial fever, 1 case of Jiggers and 1 case of Elephantiasis.

I have placed Venereal Diseases under this heading. There were 54 cases of Gonorrhoea—these were all complications of Gonorrhoea; 48 cases of Syphilis; 18 cases of Chancre; 1 case of Stricture of the Urethra due to Gonorrhoea and 1 case of Aneurysm which in this case was due to Syphilis.

Of the infectious or epidemic diseases, Alastrim was the only disease which assumed anything like epidemic proportions. 87 cases of the disease were admitted to the Isolation Hospital at Gray's Inn. There were 9 deaths. The cause of death in 7 of the cases was Toxaemia and Broncho-pneumonia in the other 2. This disease latterly had assumed a much more severe and virulent type than formerly. There have been no cases reported since the month of August.

Enteric.—There were 36 cases treated in Hospital with 5 deaths. The deaths are most frequently due to Toxaemia. 3 cases had Haemorrhage and there was 1 perforation which died three days after operation from Toxaemia. As stated in a previous report, Enteric as met with here is fly-borne because the cases are so widely separated.

1 case of Measles developed in Hospital.

There were 7 cases of Pulmonary Tuberculosis.

There has been nothing remarkable in the mildness or severity of the disease prevailing.

There has been nothing to note on any particular Infective Disease.

There has been nothing unusual in the mortality in the different seasons.

PORT MARIA.

Review of general health conditions:—

General Diseases.—These were much the same as usually met with, and call for no special comment except perhaps, the Toxaemias of Pregnancy, which appear to be on the increase. From figures recently quoted in the British Medical Journal, one in five of the admissions to the Jubilee Lying-Hospital in Kingston suffered from albuminuria of pregnancy and the incidence of Eclampsia worked out at about 1 in 108. This is high, but from my experience of the country districts, it is my opinion that it represents fairly the frequency of this disease in the Island generally. In view of the high death rate and the fact that this condition is largely preventable, some form of antenatal supervision and treatment ought now to be considered.

Communicable Diseases.—*Mosquito-borne.*—During the greater part of the year the parish suffered from a severe drought and Malarial Fevers had the usual low incidence observed at such times, but with the advent of the rains in the last quarter conditions changed. The Town was twice flooded, low-lying lands became swampy and the Anopheles mosquitoes made their appearance in large numbers. The result was an outbreak of Malaria which was of the usual Benign Tertian severity. Very few malignant cases being observed. There were 161 admissions to Hospital with 6 deaths—two-thirds of the admissions being in the last quarter of the year.

Infectious or Epidemic.—Influenza of a mild type was also very prevalent during the last two months of the year, and a few cases of Pneumonia were also observed.

Alastrim has practically disappeared from this district. Only two cases were notified during the year. They occurred in the Hampstead district and both could be traced to infection from Kingston.

Helminthic.—The good work of the Jamaica Hookworm Commission is now being appreciated as Ankylostomiasis, the only Helminthic disease of any importance, is now rarely seen. Only two cases were treated in Hospital during the year.

Other Communicable Diseases.—Enteric Fever was specially prevalent during the months of April, May and June and there was quite an outbreak in the Islington section and two other centres. Defective latrines and flies were in my opinion the causes, and unrecognised cases and the lack of proper precaution also played a part. Thirty-one cases were treated with eight deaths. I regret to report that one of the victims was a probationer at the Hospital who developed the fever before there was time to inoculate her. Inoculation of Contacts was carried out in the Islington district.

Venereal Diseases are unfortunately much too prevalent and still hold a high place in the admissions to Hospital.

Prevalence of sickness in the different seasons—Only Malaria, Influenza and Enteric Fever showed any seasonal prevalence as stated above.

Relative Mortality.—No special data are available to arrive at this, but there was increased morbidity and increased death rate during the second and the last quarter of the year owing to the outbreaks of Enteric Fever and Malaria respectively.

Meteorological Conditions.—The prolonged drought for the first nine months followed by a rather heavy rainfall during the last quarter were the outstanding features and influenced the incidence of Malaria, Influenza and Enteric Fever as already described.

From a health point of view 1926 compares very favourably with the years immediately preceding it. For one thing we have about seen the last of the unwelcome guest, Alastrim, and Malarial Fevers and Influenza were of a mild type. The outbreak of Enteric Fever, though not serious, was the only disturbing factor, for unless proper sanitary inspection of the pit latrines, installed by the Hookworm Commission, is carried out regularly and thoroughly it will become an ever-recurring visitor especially in the summer and autumn months.

GAYLE.

The health of the district has been good. The incidence of general diseases about average.

There has been no epidemic during the year. Malaria showed a marked decrease as compared with the preceding year but the incidence was still high. Yaws showed a very marked increase in incidence. Enteric Fever, only a few isolated cases. The Jamaica Hookworm Commission treated a considerable portion of the district and found an infection of over 80%. Large areas now have sanitary latrines where none existed previously. A word of praise for the excellent manner in which the people co-operated with Dr. Hall and his staff.

As in former years the rainy seasons always lead to more sickness.

The Malarial cases have been milder than last year. There were 2 or 3 very virulent Enteric cases.

As mentioned before Yaws has increased.

Mortality average.

Compared with former years the district has enjoyed average health.

ST. ANN'S BAY.

The health of the district has been very good for the year.

I have heard of a few cases of Alastrim. Malaria has been much less than former years. Yaws is very much on the decrease and is more or less confined to sporadic cases. Enteric Fever occurs in small percentage chiefly in the town of St. Ann's Bay and the lower section of the Town. Ankylostomiasis is fairly prevalent. I have not heard of any disease becoming epidemic.

The seasons have not, in my opinion, had any material effect on the incidence of disease.

Generally speaking I think this has been an unusually healthy year.

CLAREMONT.

The general health of the Claremont and Moneague district is on the whole good, except that it shares with the rest of the Island the tendency to increased incidence of Enteric diseases.

The prevention of these diseases is, I believe, governed by financial consideration largely. Better provision of sanitary personnel, more highly trained Sanitary Inspectors, better education in elementary sanitation and hygiene in the schools and training colleges; more public tanks, etc., are all necessary and would demand an increased expenditure on the part of local health authorities.

No mosquito-borne diseases originated here, but flies must play an important part in spreading Enteric diseases as they do elsewhere. Fortunately flies are scarcer and fewer as compared with the lowlands. Helminthic diseases are widespread and almost general.

The wet months from October to March show a greater prevalence of sickness, the increase being chiefly in respiratory diseases.

Typhoid has a high mortality and seems to be worse just after the first rains of the season when the ponds are probably contaminated to a higher degree by the surface washing.

Mortality increases in the wet season from the increased incidence of respiratory and Enteric diseases.

Having been on leave for four months in 1926 my figures only represent eight months of that year, and do not allow of fair comparison with 1925. The number of cases of Infective Diseases seen in eight months of 1926, and worked out on the average for twelve months and compared with 1925 are shown below:

	1926. Actual cases seen.	Average.	1925. Actual cases seen.
Typhoid and Para-Typhoid	14	21	25
Pulmonary Tuberculosis	5	8	9
Dysentery ..	1	1½	0
Scarlet Fever ..	1	1½	0
Chicken Pox ..	0	0	1
Alastrim ..	0	0	1

Many cases of Enteric Fevers almost certainly occur, without being seen by any doctor, making it impossible to compare figures of one year with another with anything like accuracy.

Seven cases of "Ackee Poisoning" grouped under the head of "Vomiting Sickness" were seen in 1926 in one family, with three deaths. Certain conditions already mentioned as constant were again present, viz: precedent cold, rainy weather, boiled ackees, severity and mortality highest in youngest members of family. Of the nine members of this family seven ate the ackees or drank the ackee-water; two did not partake of it in any way. These two latter were not ill in any way, whilst three of the seven died; these three being the three youngest who partook, except for a baby of 15 months, who was only given one or two teaspoonfuls of the water and who was ill but survived.

BROWN'S TOWN.

General Diseases.—These have been of moderate severity.

Communicable diseases, e.g. Typhoid Fever.—There have been some cases scattered about different parts of the district, but they have been of a mild type, rather than severe. There were no cases of Dysentery. Malaria cases have been few. Measles and Whooping Cough have been prevalent. Helminthic diseases are not very apparent. Hookworm may be more than can be fairly estimated.

Prevalence of sickness.—August to December is the period of most sickness.

Typhoid Fever.—Measles have occurred as also mild forms of Influenza, but not severe.

Mortality.—The greatest, I think has been during the latter half of the year, and even here, I think this has been less than usual.

Meteorological conditions have been uniform and probably more rain than previous years. This has resulted in low morbidity and low mortality.

There was not any outbreak of Infectious Diseases this year and apart from Typhoid Fever and Measles, the year just closed has been a healthy one.

ALEXANDRIA.

The general health of the district has been fair. The year has been a very seasonable one. The rainfall, while not increased, has been more evenly distributed. The seasons have not markedly affected the incidence of sickness. The general character of the diseases prevailing has been mild and there has been no increased mortality rate during the year. Malaria is not met with to any extent in this district. During the early part of the year Measles was very prevalent, and several cases with pulmonary complications were seen. Typhoid fever was met with more than in any other year. There were 54 cases reported. These cases may be divided into 19 primary and 34 due to spread of the disease by direct contact and flies. One case accounted for 15 other cases in one instance, in other instances, one case accounted for four others, and in one instance one case accounted for three.

14 cases of Pulmonary Tuberculosis were reported. This disease is not on the decrease.

Six cases of Alastrim occurred during the year.

This year while not as healthy as last year had no excessive mortality.

FALMOUTH.

Early in the year and during the cold seasons, sickness was somewhat prevalent, in the middle of the year and during the dry seasons, Typhoid Fever, Dysentery, and other bowel complaints were evident. Towards the cold and rainy seasons of the year a mild form of Influenza prevailed.

Alastrim was in appearance all during the year in the outlying districts.

The water supply is good. Source: river, pond, and a local lake. Unlimited quantity available. Fairly pure, but quite liable to pollution. Not protected. One large public tank in the town of Falmouth, kept in reserve for any unforeseen obstruction in the supply by the pipe system from the Martha Brae River. Falmouth Town has a "dumping-ground" where waste matter is deposited. For night soil the sea is used for dumping. The "dumping-ground" is very nearly out of the immediate Town of Falmouth. *Latrines*.—A few surface latrines where the pit is impracticable. There are 14 bucket latrines in town. There are 114 improved "pit privies." No trench. No Septic tank or other system. 113 Flyproof pit-privies. Many are open to the depredation of birds or other small animals, and efforts are being made to improve the conditions.

Drainage.—Falmouth is drained by concreted drains, trenches, gutters and underground pipes.

No overcrowding.

Yards are kept clean.

Areas of swamps and pools where mosquitoes breed are in existence.

The Local Board of Health has procured the services of a whole-time Sanitary Officer who has made improvements in the fly-proof pit system of latrines, removal of refuse, cleaning of streets, gutters, drains and trenches, as also the keeping of premises in a sanitary condition.

Three Cases of Phthisis were met with during the year at the Poor House.

Dysentery has not been prevalent during the year. A few sporadic cases of the amoebic type have been met with.

One case of Pellagra has been seen.

20 cases of Ackee poisoning occurred in districts of Granville and Bounty Hall during the year.

ULSTER SPRING.

Review of general Health—

General Diseases.—There was no special incidence of any one disease during the year 1926.

I would consider that the health of the district, as a whole had been very good. There was, as usual, in all parts of the world, a lot of Venereal Disease of all kinds.

Communicable Diseases.—*Mosquito or Insect borne*.—There was no increase or decrease in the number of cases of Malaria. We always have a few cases, especially in the dry periods following heavy rains in the low-lying lands around Roy.

Infectious or Epidemic.—There were two epidemics—one of Whooping Cough and the other of Measles. The latter during the months of June, July and August.

It was chiefly among children although some adults were infected.

There were a few cases of Alastrim all occurring in the Lowe River and Lorrimer districts—near the borders of Trelawny and Manchester.

Recurrence or Prevalence of disease.—There have been a few cases of Alastrim. All occurred in the Lowe River and Lorrimer districts which are on the borders of Trelawny and Manchester.

Relative Mortality.—As far as I have been able to gather, the seasons have no effect on the mortality rate.

Meteorological Conditions.—During the year 1926 there was almost continual rain. There were no definite "rainy seasons" as formerly. The rainfall was in my opinion, excessive. It did not, however, materially affect the general health of the community.

Comparison with former years.—Conditions as regards general health were about the same as in former years.

CLARKS TOWN.

The health of the people in this district has been fair for the period under review.

There has been no serious outbreak of Infectious Diseases, although during the months of November and December, Malarial Fever was prevalent amongst the poorer class, especially those from Rio Bueno, Duncans and Duan Vale.

Measles and Whooping Cough were common.

Venereal Diseases.—Syphilis in all stages is very prevalent. Gonorrhoea is also most common.

Hookworm is wide spread throughout the district. *Ascaris (Lumbricoides)* is common amongst the peasant children.

Vomiting Sickness.—Several cases occurred during the early part of the year.

During the summer months, the prevailing sicknesses were Dysentery, Typhoid and Malaria. However the autumn with its attendant rains, brought Malarial Fever cases in greater numbers and of more severe type.

Vomiting sickness, Ascariasis and Pneumonia are responsible for the greater number of deaths. These occur chiefly during the winter and early spring.

Malnutrition and insufficient clothing in my opinion, are the chief causative factors and I consider that the Typhoid and Dysentery of the summer months is due to the polluted water which is drunk as well as the general unsatisfactory conditions which are found everywhere amongst the poor and ignorant people.

The past year has been marked by its heavy rains, these cannot be said to have had any marked detrimental effect on the public health, except Malaria.

I do not think there has been any increase in the mortality rate during the year. Deaths from Vomiting Sickness have been less.

MONTIGO BAY.

On the whole, the year cannot be ear-marked for any serious epidemic and the number of cases of notifiable diseases compares favourably with the average of the preceding five years. As mentioned before, however, these numbers can only be taken as comparative, as a large number of cases escape detection owing to the prevalent system of hiding away infectious cases due in my opinion, to the lack of a proper Isolation Hospital at this end of the Island.

Malaria.—Only 117 cases were treated in Hospital as against 140 cases in the previous year and the number of cases of Subtertian Fever was much diminished.

For Montego Bay itself the incidence of the disease would have been very little but for two heavy rains which fell, turning all the surrounding "bush" land into excellent breeding places and for a short time laying low fully 25% of the population with Malaria. The plague of mosquitoes at this time was so great that it caused a "furore" and an attempt was made to clear away the bush around the town, but with the advent of dry weather the attempt met a speedy death and we still have to look forward to further plagues of mosquitoes after the next heavy rains.

Montego Bay is a growing town and is becoming a tourist resort and some attempt should be made to clear away the "bush" for at least a mile around the town and this I feel confident, would diminish the mosquitoes and Malaria more than 60%.

Typhoid Fever.—64 cases were notified during the last year and of these only 27 were treated in Hospital which is much out of proportion to the previous years, but this may be accounted for by an epidemic at Bickersteth where on one day the M.O.H. notified 17 cases. Montego Bay itself was fortunate, the cases being for the most part sporadic, except in January when 8 cases cropped up in a few houses in one section of the town. Prophylactic inoculation still continues but there appears to be some difficulty over it in some areas.

Pulmonary Tuberculosis is increasing each year and 63 cases were notified in the period under review as against 47 in 1925. Epidemic Cerebro-spinal Meningitis made its appearance in the neighbouring parishes of Trelawny and Hanover and the two cases notified and verified by the Bacteriologist, found their way to the Montego Bay Hospital. The case from the former parish died but that of the latter recovered, one being able to obtain the necessary serum for intra-theal injection.

Ankylostomiasis.—Most of the cases which came under treatment came from the neighbouring medical district which seems heavily infected, special note being made of Sunderland.

Dysentery.—A few cases of amoebic and bacillary dysentery were treated during the year, the latter being of a very mild type.

Measles.—The epidemic of 1926 was more marked and lasted longer than those in preceding years but on a whole the death rate was less.

Alastrim.—Again broke out with renewed vigour and increased virulence and 108 cases were notified. The cases were much worse than in the 1921-22 epidemics and in my opinion calls for general compulsory vaccination, which I advocated as far back as 1920.

Appended is a list of the notifiable diseases and a comparison of the average of the previous five years:

		Average, 1921-1925.	1926.
Typhoid	.. ..	67.6	64
Alastrim	.. ..	110.2	108
Tuberculosis	.. ..	35.2	63
Diphtheria	.. ..	5.6	1
Scarlet Fever	.. ..	1.2	1
Varicella	.. ..	2.6	3
Pneumonia	.. ..	25.0	17
Epidemic Cerebro-Spinal Meningitis	.. ..	..	2

ADELPHI.

The diseases chiefly met with being Malarial Fever, Yaws, Venereal Disease, and intestinal parasites. During the months of June, July and August, Measles assumed an epidemic form. Typhoid Fever (as far as I am aware) has been less than the two previous years.

There were several cases of Pneumonia and Tuberculosis in my opinion is on the increase.

The water supply in the eastern portion of the district remains bad, and to this I attribute a good deal of the intestinal trouble. In many places (in this area) dirty ponds are the source from whence the supply is obtained.

Vomiting Sickness has been less than previous years. Up to the end of December I have heard of no cases.

The rainfall during the year has been greater than usual—Rain falling more or less constantly from June to December.

Most cases of Malarial Fever were seen in November and December. Altogether 640 cases of vaccination were performed during the year.

Yaws is still prevalent and Venereal Disease shows no sign of decrease.

I have seen more cases of severe Tertiary Syphilis this year than the previous year.

LUCEA.

General Diseases.—By far the most prevalent are Syphilis and its complications and Gonorrhoea with its complications. This disease accounts for the major part of the Gynaecological work of which there is always a very large amount.

Nephritis, Bronchitis and Diseases of the Ear, Nose and Throat more especially Catarrhal conditions and Otitis Media are always very prevalent.

Communicable Diseases.—Malaria is still very prevalent, chiefly along the coast. The cases occurring in the country generally contract the disease in Westmoreland or St. James where they go every week to market.

Enteric is seen all through the year but most cases occur in the dry season.

Alastrim.—Only two cases were seen this year.

Tuberculosis continues to be very prevalent and is in my opinion on the increase.

Hookworm.—A large number of the population suffers from this disease.

Yaws still shows a marked prevalence. Malaria will always continue until some measures are taken to get rid of the swampy condition of the lands around the town.

Two cases of Diphtheria were seen and also one or two of Encephalitis Lethargica.

The mortality rate, as far as I am aware, has shown very little variation and has not been affected by the different seasons to any appreciable extent.

The health of the parish on the whole compares favourably with former years. The Infant Mortality rate continues very high. Ignorance on the part of the mothers is to a large extent responsible for this, added to this must be considered poverty.

GREEN ISLAND.

The most common diseases met with were Bronchitis, Colitis, Nephritis, Heart Disease and Pneumonia.

Four cases of Enteric Fever were met with. There was one case of Mumps.

Malaria Fever as usual has been very prevalent and is constant all the year round in this district. Green Island is low lying and abounds in numerous swamps, and at times the odour from these swamps is extremely offensive.

Skin diseases were commoner this year, such as Ringworm, Psoriasis and Eczema.

Five cases of Buboes and four cases of Syphilis were seen at my office.

Worms are common among the children, both the Round Worm and the Hookworm. Round Worms are also met with among the adults.

The only sickness that calls for notice here is Malarial Fever, there is usually an increase in the number of cases after the heavy rains.

There has been no increase in the mortality rate.

During this year, we have had more cases of Malarial Fever than last year. The same of Bronchitis and Pneumonia.

Gonorrhoea, Syphilis and Buboes appear to be on the increase. Cases of Gonorrhoea usually come for treatment when complications have set in.

LAMBS RIVER.

The general health of the district during the year was on the whole good and compares favourably with recent annual periods.

Communicable Diseases.—Typhoid Fever was prevalent and caused fewer deaths, the cases were fairly evenly distributed over the year. 41 cases were notified.

Two cases of Alastrim were notified during the year.

Pulmonary Tuberculosis showed a slight downward tendency as compared with former years.

The same remark applies to Pneumonia.

Venereal Diseases still maintain their hold on the community.

Malaria.—The disease continues to be prevalent. The type of Malaria was more severe than during the past few years.

Sub-Tertian parasites were present in the majority of the cases examined.

Measles and Whooping Cough occurred sporadically.

Yaws is on the increase again.

Helminthic.—Ankylostomiasis is the only helminthic disease of importance in this district. The incidence of this disease is high.

Dysentery was prevalent—the cases were all of a mild type.

Beyond the Malarial and Typhoid Fevers there has been no unusual prevalence of sickness of any kind and no unusual increase in the different seasons.

The mortality rate did not vary with the seasons to any appreciable extent.

Throughout the whole year the seasons were good, there was plenty of rain and the ground was kept damp. The consequence was the breeding places of the Malarial mosquitoes were multiplied with the natural results that in the autumn there was a great outbreak of Malarial Fever.

Meteorological conditions except with regard to Malaria played little or no part in the causation of disease.

SAY.-LA-MAR.

Malaria has been prevalent throughout the year under review, but not more so than usual.

There have been one or two cases of Influenza of mild type during November and as usual the East Indian suffered most.

There were one or two cases of Pneumonia connected with this mild epidemic.

Enteric Fever though present in my district was mild and the number of cases few.

A large number of persons suffering from Hookworm were treated chiefly in Hospital, but as they were admitted in most cases for other diseases, many of them do not appear in the returns under the heading "Hookworm."

The past year might be considered a comparatively healthy year. No disease was specially in evidence or appeared in numbers out of the common.

I do not think that seasonal variations have as much effect on the prevalence or otherwise of the common diseases in this part of the world as might be expected except of course, that much rain causes settlements of water, large and small, in which mosquitoes can breed.

As usual it is impossible to give exact figures relative to the mortality rate during the different seasons. But I believe that the death rate during the past year has been lower than usual.

There has been a good deal of rain in my district throughout the year. More than usual, due no doubt to the many Cyclones—eleven I believe—that have passed comparatively near to the Island.

GRANGE HILL.

General Diseases.—The principal disease treated throughout the year, was as usual, Malaria, it persisted throughout the year, but in my opinion, there has been a noticeable falling off in the number of cases, this despite the fact that it obtains more during the wet season and that we had a very wet season.

Communicable Diseases.—Malaria was the chief disease treated, mostly of Quartan or Intermittent type, I saw one only case of Malignant Malaria, of the comatose variety, it recovered.

I treated by permission 80 cases of Yaws.

Epidemic.—Beyond one case of Alastrim, which occurred at Camp Savanna and which was contracted at Little London, no disease of an infectious nature was seen, except a single case of Meningitis at Fullersfield, this latter died at the end of 5 days. A mild pandemic of Influenza occurred in December.

Helminthic.—I treated cases of Ascarides, and a good many cases of Hookworm Disease. I judge that only about 3% of the working classes are immune, all the rest have it.

The mortality rate has not been increased as far as I can judge, deaths have been principally due to Malaria, if neglected, or in the case of infants, to digestive troubles.

The year proved a wet one, despite this fact, the incidence of Malaria and other diseases has been small. Lightning storms prevailed and this accounted for 2 deaths.

As stated, the year has been unusually healthy, this applies specially to the months of October, November and December, we have not had any Enteric Fever, and this is remarkable, considering the nature of the water supply, which is entirely by wells or ponds, I have no doubt, however, that many cases die and are registered as "fever" which may be attributable to this cause and as many people go to the Obeah man and die later, it is impossible to form a correct estimate of affairs.

LITTLE LONDON.

Yaws is fast disappearing. It is quite rare to meet with a typical case of primary Yaws with the so-called mother yaw sore. The cases one had to treat are mostly chronic with the "Yaw pain." Although it would be too much to expect that the disease will entirely disappear, the cases will in the near future account to an almost negligible quantity.

Venereal Diseases remain in the same condition as usual. The Salvarsan and Bismuth treatments have been disappointing and the old Pot Iod and Mercury are still in my opinion the best.

The chief disease from which people suffer here and I presume all over the Island is Malaria. This has been very prevalent during the year especially during the latter part. It is fortunate that in quinine we have such a valuable remedy and prophylactic but for the latter effect it has to be constantly taken all the year round. This of course has its disadvantages and very few people can be got to take it except when they are ill with the fever.

The type of Malaria prevalent during the year has been mostly intermittent but a good many cases of remittent fever have occurred and these do not seem to respond to quinine as readily as the former.

Typhoid Fever is not a common complaint in the district as far as one can judge but as so few among the labouring class can afford to have constant medical attendance during an illness at home—the doctor only seeing them once or twice at his Surgery—it is quite possible that cases of supposed Malaria which end in death may be Enteric especially as without a blood examination it is often difficult and impossible to differentiate between the two diseases.

Owing to the cyclones—10 I believe in number—which occurred during July, August, September and October in close proximity to Jamaica, we had an abnormal amount of rain during these months but except for Malaria the excessive rainfall did not appear to affect the general health of the people.

SOUTHFIELD STATION AND THE MANNING HOME.

The rainfall, quite unusual in the early months of the year, was followed by a severe drought. The May rains failed, and a sharp drought of four months caused a failure of the summer crops.

During the rains, Malarial Fever was very prevalent in the Pedro Plains, contiguous to the Southfield District and in the autumn of the year when rain fell heavily and shallow water lay about, Malarial Fever attacked the inmates of every home. During dry weather the health of the Southfield Out-Station is always good, but during the May and October rains, the whole of this district reaching into the Pedro Plains is attacked by a wave of Malaria. Alastrim attacked this district during the summer months but it is now free; thorough vaccination of all contacts caused the decline of this disease. I find Hookworm very prevalent in the Southfield District, and also in the Pedro Plains, and all cases that come under my notice are treated.

During the year under review there was only one case of Typhoid Fever, and inoculation of contacts stopped this sporadic case from spreading.

A few cases of Gonorrhoea and Syphilis came under treatment.

The water supply of the Southfield District is supplied by two large tanks one at the top of the district and the other at its lower end. The supply in the Pedro Plains is through wells. The watershed of the Santa Cruz Mountains gives a good supply on its steep side through this belt of country.

The health of the Manning Home has been good throughout the year, thanks to the care bestowed on the children by Mrs. Lamb, the Matron. The house and surroundings are well kept and the children kept occupied by making baskets, hats, slippers, etc., and cultivation. All the children have been vaccinated against Alastrim and received Anti-typhoid inoculation.

MALVERN.

During the year 1926 there has been outbreaks of modified small-pox (commonly called Alastrim) in several areas of the Santa Cruz District which has been controlled by the Medical Officer of Health. Some cases of Typhoid Fever occurred, also Whooping Cough and Measles.

As to Malarial fevers there has been no marked prevalence—no epidemic, and whilst round worms occur universally amongst the children of the peasantry Ankylostomiasis does not occur in heavy infections.

The first half of the year was dry and healthy. The last half has been wet and malarial fevers prevailed in the swampy areas.

Some deaths occurred from Modified Small-pox evidently from want of efficient nursing and also from typhoid.

Cases of Yaws occur as a rule in swampy districts but cases come regularly for treatment and the results are satisfactory.

It is not my experience that there has been an increased mortality rate during the year.

The year may roughly be regarded as dry for the first half with good health and wet for the last with tendency to prevalence of Malarial Fevers.

BLACK RIVER.

General Diseases.—There has been no appreciable difference between 1926 and former years.

Communicable Diseases.—Mosquito or Insect borne—Malaria is the only one prevalent here and is very frequently encountered especially during the fall and winter months of the year.

Infectious or epidemic.—Alastrim which paid a second visit to the district in the latter part of 1925 is completely wiped out of Black River, but in the outlying districts there may occur at times one or two cases of the disease. Vaccination has been general and the districts are well protected against any similar outbreak, all new cases have come from outside this district within the past three months.

Influenza.—There was a number of mild cases occurring during the latter part of the year.

Helminthic.—Ankylostomiasis is prevalent in the districts of Slipe, Cotterboo, Mulgrave and Ipswich.

General character as to mildness and severity of the diseases prevailing.—Typhoid was very severe. A greater number occurring during the year than the previous year. Pneumonia was not severe. Dysentery was very mild and seldom encountered. Malaria was also mild.

Relative Mortality, etc.—There has been no difference between this and previous years in this respect.

General Comparison.—The health of the district in comparison with former years has been fairly good.

Tuberculosis is frequently encountered and as suggested in previous reports something should be done to isolate and properly treat the sufferers.

Veneral Diseases still keep in the front rank, Syphilis is apparently decreasing slightly.

BALACLAVA.

The usual diseases such as Measles, Whooping Cough, Chicken Pox and Parotitis have had their regular place chiefly among the children and young adults, but, as often mentioned before, we see very few of these cases unless unusual complications set in and require medical attention.

The only insect-borne disease which troubles us hereabouts is Malaria. We have had, as usual, a few deaths from it.

An outbreak of Alastrim occurred in this district in February, the cases having filtered in from Lacovia to Newton district, and from there it spread.

Isolated cases being discovered at extreme points in this district, there, of course, followed an outbreak at each place infected. General vaccinations were carried out in nearly every part of this district, with the result that the spread of the disease was checked, and now only an occasional case crops up and each time one finds that it is some individual who neglected to take advantage of the protection offered them. In no case has a recently successfully vaccinated person contracted the disease.

Adult vaccination should be made law, and I am certain that not one in 1,000 would seriously object, nor try to give any trouble over it, that has been my experience.

Helminthic diseases are as prevalent as ever.

The usual Malarial seasons have come and gone bearing their crops, this takes place during and immediately after the rainy seasons, when the cases occur. The percentage of fatal cases, however, is small.

Pulmonary cases, chiefly among children occur at these periods, too, with a small percentage of fatal terminations.

The only periods of the year that show any increase in mortality rates are those during the rainy seasons and the few weeks following but there is really no very marked increase anyway.

MANDEVILLE.

General Diseases.—Under this head can be mentioned the usual sickness, digestive disorders, caused by bad teeth and irregular meals in adults, unsuitable food in infants, respiratory troubles, aggravated by lack of ventilation, in over-crowded rooms at night, were prevalent during the wet season, July, August and September.

Communicable Diseases.—Measles, Chicken Pox, Whooping Cough occurred, but none can be said to have assumed epidemic proportions. Alastrim, seven cases, and of two Typhoid Fever, reported, all recovered. Typhoid should soon be a disease of the past in this district, if only the Local Board of Health will continue the good work done. Preventive inoculation, now extensively carried out, improved sanitation, together with a good water supply, must produce good results.

Apart from the ravages caused by Venereal Diseases, the general health of this district was quite up to the average and compares favourably with other years.

PORUS.

There has been a marked increase in the number of cases of Malarial Fever treated by me, all of which terminated satisfactorily. Alastrim with several deaths.

During the rainy season which lasted from August until end of November, there were many cases of acute Articular Rheumatism, all ended favourably to the patients.

Syphilis, Gonorrhoea and Yaws are decidedly on the increase, the latter most marked in the low-lying districts around the Town of Porus and in the wet hilly districts around Thompson Town.

There were a few cases of severe vomiting, all having died before I was notified. I am, therefore, unable to say if they were of the types met with in the various epidemics of what are known as "Ackee Poisoning" and "Vomiting Sickness."

The rainy seasons seemed to have contributed largely to the prevalence of Malarial Fever, Acute Articular Rheumatism and Bronchial affections.

NEWPORT.

Communicable Diseases.—There have been a few cases of Influenza.

Mosquito and Insect-borne Diseases.—There have been very few such cases here. Mosquitoes are very rarely seen at this altitude and flies, etc., are very scarce except at times in the towns and villages.

Infectious and Epidemic Diseases.—Cases have been few in number and were mostly Typhoid, Tuberculosis, Whooping Cough and Influenza.

Helminthic Diseases.—Practically all the usual worm diseases are frequently seen here. Hookworm prevails to a great extent. There is very little difference as to prevalence of disease in this district, at different seasons of year, as the climate is very equable and exceedingly cool.

Typhoid.—There have been a few scattered cases this year.

Whooping Cough.—There have been a few cases in the outlying districts.

Malaria.—A few cases (mostly from the lower land).

Tuberculosis.—Very few cases.

Vomiting Sickness.—Few cases.

As regards the mortality at different seasons. If any difference existed, I think it may be that there is a slight increase during the rainy times.

As to comparison with former years, there is very little difference except that, Gonorrhoeal and Syphilitic complaints prevail to a greater extent than before.

Yaws.—There have been very few cases reported.

Nearly all forms of Syphilis may be seen among the people and chiefly among the paupers.

CHRISTIANA.

From the 1st January to 31st December, 1926, the health of my district has been very good. There have been a few cases of Alastrim, but owing to prompt vaccination the disease did not spread.

A few cases of Typhoid Fever.

Worms are very common especially in young children, but the parents seem to know the gravity of this complaint and have learnt the remedy.

The seasons have been very regular and mild.

The year compares most favourably with the past.

MAY PEN.

Prevalence of sickness in different seasons.—The months from January to July were particularly dry but except for some cases of infantile diarrhoea appearing in July and August the health of the district has been good. Malarial Fever made its usual appearance in the latter months of the year following the heavy rains in the previous months but was generally of a mild type and there was no unusual mortality.

Infectious Diseases.—18 cases of Enteric Fever and 14 cases of Tuberculosis were reported during the year, some cases of Alastrim were reported from the Eden district of Mocho during the early part of the year but were confined to this area and so far as I know there was no mortality.

Gonorrhoea and its sequelae and the secondary and tertiary forms of Syphilis still form a large percentage of those coming for treatment.

Yaws.—This disease which apparently was on the wane seems to be recurring with greater frequency than formerly if I am to judge from the number coming voluntarily for treatment.

Apart from a few cases of Hookworm Disease no disease of helminthic nature came under my notice during the year.

CROFTS HILL.

Communicable Diseases.—Mosquito or Insect-borne.—There have been very few cases of Malaria, though the conditions favouring it are still prevalent.

Infectious or Epidemic.—At the beginning of the year there were a few cases of Measles and Whooping Cough. Following the autumnal rains, a few cases of Typhoid Fever occurred. Four cases of Bacillary Dysentery were reported in the Lluidas Vale district of St. Catherine. No deaths occurred. Phthisis is still frequently met with throughout the district. I have heard of no cases of Alastrim.

Helminthic.—Ordinary Round Worm infests a good many children and occasionally adults are found infected. Hookworm is very prevalent. Of many stools examined the majority were found positive. Other worms do not seem to be present.

Venereal Diseases are very prevalent, complicating other diseases to a large extent. Yaws, though not as prevalent as in former years, continues to recur in decreasing numbers. I heard of a few cases of Vomiting Sickness, but have seen none, nor heard of any death.

There were heavy rains in May and in October and November. As usual there was more sickness due, in my opinion, to pollution of water supply.

Whilst not as good as last year, the health was better than in any previous years. The district is considered a healthy one.

ALLEY.

The first part of the year—from January to the end of July—was a period of severe drought, not more than six inches of rain fell in any part during these seven months. This was followed by over sixty inches of rain in the months of September, October and November.

1926 was a year of epidemics.

1st. Alastrim from January to July.—This I feel sure was only stopped by the wide-spread vaccination which was done. 2nd. Measles from January to September—This disease was most wide-spread in all parts of the district.

Influenza prevalent from April to June.

Dysentery.—Prevalent from August to November, children were mostly affected.

Yaws.—A large number of cases occurred during the latter part of the year.

Typhoid Fever.—37 cases were seen by me—it was most prevalent between August and November, during these 4 months 27 cases were seen.

Malarial Fever.—Cases seen during every month of the year, but most prevalent following the rains.

Again I beg to draw attention to the prevalence of Pulmonary Tuberculosis. Twenty-two cases of positive diagnosis were seen by me but this I feel represents only a small portion of the actual number of cases.

This disease is far too prevalent in a country so blessed with sunshine and an effort should be made at all costs to provide suitable institutions for the isolation and treatment of this disease. They cannot be treated in the Public Hospitals and most of these patients will not go to the Poor House—the only place provided for these unfortunates—as a result they remain at their home, often over-crowded, with little or no attempts at isolation precautions, and during these months of their illness they must spread the disease widely.

FRANKFIELD.

I have to report that the health of this district for the year ending December 31st, 1926, has been good except that a number of isolated cases of Alastrim occurred in the nearby districts of Frankfield, in the early part of the year, but by a vigorous campaign of vaccination, carried on in the districts this disease has been completely stamped out.

During the summer dry months several severe cases of Enteric Fever developed, which were found to have originated from a polluted spring and bad water supply in these districts. By the use of the Typhoid vaccine and advising the general use of boiled water, the spread of this disease was checked and no new cases have been reported lately.

The number of persons suffering from Yaws had greatly increased in this district, from the previous year, due to the limited quota system instituted, which allowed a number of untreated and infected persons to mingle freely in their several communities and districts, and thereby spreading this disease.

I am glad to report that since a more liberal policy has been instituted in this year in the treatment of this disease, the number of Yaws cases is showing a gratifying decrease.

SPANISH TOWN.

During the first 8 months of the year the general health of the district was fairly normal. There were a few cases of Whooping Cough and Measles. Gastric Diseases still claim a goodly number of victims chiefly among young adults. There were several cases of Dysentery in the district more so at

the end of the year, when a large outbreak of this disease occurred in an adjoining district. The cases that occurred in this district were scattered all over the area of the district, and fortunately did not assume epidemic form this end.

The end of the year brought its usual number of victims from Malaria. Several cases were seen when in extremis, and as mentioned in previous reports, the people of the poorer classes don't seem to be able to withstand this disease, chiefly, I am of opinion, from their poor diet and method of living generally.

Accidents and injuries of a varied nature were very prevalent during the year, augmented considerably by those occurring through the agency of motor vehicles.

Sickness occurred chiefly during the last 3 or 4 months of the year.

Malaria was the most severe disease encountered during the year.

About 80 cases of Dysentery were seen in the year, the majority during the last 2 months of the year—out of 64 cases of Dysentery admitted to Hospital 6% died.

12% of Malarial cases died, the majority occurring during the last 3 months of the year, aggravated as mentioned above by their poor physical condition generally.

The first 8 months of the year were dry, but from August to December there was a fair proportion of rain evenly distributed during these months. It was during this time that Malaria chiefly affected the district.

Compares evenly with previous years, except for Dysentery, as mentioned above, started in the adjoining district.

GLENGOFFE.

The general health during the year may be considered as being good.

The year however was an abnormally wet one, and although there was a marked increase in mosquitoes there were not many cases of Malaria Fever.

Yaws is still prevalent although there has been marked decrease in the number of cases.

The mortality rate was highest in the Autumn this being due, however, to the outbreak of Dysentery, otherwise the death rate was at no time high, and there has been no increase in the mortality rate.

Although there was an unusual and excessive amount of rain, the public health was not affected by it.

For the year as a whole, the general health has been good, it compares favourably with the previous year.

General Diseases remain much on a par with other years. Bad Hygiene, improper dietary, overcrowding, careless living account for much of "General Diseases."

Communicable Diseases.—Malaria has been by far the most prominent insect-borne disease, not of a virulent type, usually quotidian and very amenable to treatment.

Infections.—During the year there have been Alastrim 17, Pulmonary Tuberculosis 6 and Typhoid 1 case.

The vast majority of the Alastrim cases should never have occurred, in two districts they were the result of concealment, in one instance so flagrant it became necessary to institute legal proceedings and which action had some salutary effect.

Helminthic.—The beneficial effects of the Hookworm Campaign in certain areas are still evident.

Prevalence of sickness in different seasons.—During the last quarter of the year as in previous years with the damp and cold there is an increase in morbidity, mostly Malarial, but a mild type.

Apart from that the other seasons of the year show nothing characteristic.

Mildness or severity of the diseases.—There have been no severe diseases during the year.

The nature of the food taken generally not being sufficiently nutritive, perhaps may account for lack of stamina in withstanding diseases.

Comparison with former years.—I should say this year (1926) compares favourably with previous ones, in fact I would say there being a greater amount of foodstuff, the population has been better physically than during the droughty years previously when for want of proper nourishment they were ill-equipped to withstand the rigours of cold and damp.

LINSTEAD.

The general health of the community was not up to the average. There was much sickness Nephritis, Pneumonia, Gastric diseases being common.

Malaria fever was prevalent all through the year much more than usual. There was also Dysentery, Measles, Chicken Pox, Whooping Cough as epidemics.

Towards the end of September an epidemic of Dysentery broke out at Mount Industry in the Glengoffe District and spread to various parts of this district chiefly at Gobay, Coco Walk, Troja, Riversdale and Hampshire. It was found to be bacillary in type but the cause of the outbreak is difficult to be accounted for. It was severe in type and many deaths occurred. Some of the deaths could have been prevented had the people not slavishly and foolishly followed crude methods of treatment. There has been no outbreak of Dysentery similar to this since 1913, when there was a fairly general one which began at Gobay.

The mortality other than that due to Dysentery remained about the same.

Meteorological conditions had no special deleterious effect with regard to the public health. What is a more distinct factor is the wretched state of poverty in which a goodly number exist. Many, not only the old, apply for Poor Relief and Medical Aid who are completely broken down in health from being ill-nourished and badly housed.

Compared with former years there was undoubtedly more sickness and suffering.

OLD HARBOUR.

For the year as a whole the general health has been good. It compares favourably with the previous year.

General Diseases.—Remain much on a par with other years. Bad hygiene, improper dietary, overcrowding, careless living account for much of "General Diseases."

Communicable Diseases.—Malaria has been by far the most prominent insect borne disease—not of a virulent type, usually quotidian and very amenable to treatment.

Infectious.—During the year there has been—Alastrim 17, Pulmonary Tuberculosis 6, Typhoid 1 case.

The vast majority of the Alastrim cases should never have occurred. In two districts they were the result of concealment; in one instance, so flagrant, it became necessary to institute legal proceedings and which action had some salutary effect.

Helminthic.—The beneficial effects of the Hookworm Campaign in certain areas are still evident.

Prevalence of sickness in different seasons.—During the last quarter of the year as in previous years with the damp and cold there is an increase in morbidity, mostly material, but of a mild type.

Apart from that the other seasons of the year show nothing characteristic.

Mildness or Severity of the Diseases.—There have been no severe diseases during the year. The nature of the food taken generally not being sufficiently nutritive, perhaps may account for lack of stamina in withstanding diseases.

Comparison with former years.—I should say this year (1926) compares favourably with previous ones; in fact I would say there being a greater amount of foodstuffs, the population has been better physically than during the droughty years previously when for want of proper nourishment they were ill-equipped to withstand the rigours of cold and damp.

III.—HOSPITALS AND DISPENSARIES.

Public General Hospital, Kingston.—This is a general hospital of 340 beds. It is situated in the town of Kingston and surrounded on all sides by buildings. The site is really not large enough as many of the wards are too close together for a Hospital in the tropics. There are not enough open spaces and there is certainly no room for enlargement on the present site. There is need for an increased number of beds. There is a good operating theatre. The Radiological Department requires an expenditure of about £600 to bring the apparatus up to modern standards.

In 1926 there were 5,217 In-patients with 498 deaths, 2,016 surgical operations were performed. There is a very large Out-patient Department and in 1926, 59,026 out-patients received treatment. In the Venereal Diseases Department there were 712 admissions and 8,048 out-patients were treated.

The Medical Staff consists of a Medical Superintendent (officially termed Senior Medical Officer) who is non-resident but receives a house allowance, two Medical Officers who have quarters adjoining the Hospital, two Medical Officers also officially designated Resident Medical Officers, who are not provided with quarters, but one of whom receives a house allowance. Ophthalmic and Radiological work is done by the Medical Officers in addition to their routine duties.

The Supernumerary Medical Officer is usually attached for duty at the Hospital and always when any of the above staff are absent for any period of leave exceeding a few days.

The Government Bacteriologist is in charge of the Laboratory which is at the hospital. He does the Hospital Post Mortems, all Laboratory work in connection with the Hospital and Venereal Disease Department and also any laboratory work sent in from country Hospitals, from Medical Officers of Health and from private practitioners (chemical analyses are done by the Government Chemist who is attached to the Agricultural Department). All these officers are whole-time officials and are not allowed private practice.

Nursing Staff.—The Matron and Assistant Matron are provided with quarters.

There is a small and ill-equipped Nurses' Home which accommodates 21. The total nursing staff is nearly 100 and the rest live in their own homes or find accommodation in the town. Probationer nurses receive uniform but no pay or allowances during their first year. They receive 10/ per week during their second year and 15/ per week during their third year. The non-resident nurses receive no meals and there are not nearly enough rooms for their use when off duty. Absences from duty among the nurses are very frequent. A Nurses' Home is very necessary in the interests of discipline and efficiency and I am glad to be able to report that money has been voted this year to begin the building of a good Nurses' Home.

Public General Hospitals.—There are 19 of these Hospitals in the Colony outside Kingston. They vary greatly in size, equipment and efficiency. The largest has 70 beds and the total number of beds in all these hospitals is 883. Additional accommodation is needed in nearly all of them. In several there is room for more beds but owing to lack of money the number has not been increased. A few of these hospitals are fairly modern and good but many are old and ill-equipped. In very few is there accommodation for the junior nursing staff. During the present year a new Hospital will be built at St. Ann's Bay and a new Hospital will be commenced at Montego Bay. Both these Hospitals are of very satisfactory design.

Maternity Hospital, Kingston.—This is a good Hospital of 30 beds with a nurses home. The number of cases admitted is increasing, 944 in 1925, 1,343 in 1926.

Additional wards and increased accommodation for nurses are required to keep pace with the increasing demand on the Hospital. The ante-natal clinic has not been started owing to lack of room and pressure of work.

Public Lunatic Asylum, Kingston.—This is the only Asylum for the whole Colony. There are about 1,600 patients. The Medical Staff consists of a Medical Superintendent and three Assistant Medical Officers. For many years there has been no Matron but provision has been made for this appointment and it will be filled this year.

The overcrowding on the male side has been lessened by the recent completion of a new ward and conditions will be improved still further this year by the re-conditioning of an old abandoned ward. On the female side there is still serious crowding. The site of the Asylum is on the shore of the harbour and is a large and beautiful area. Substantial improvements in the pay of attendants and nurses have just come into force. Other minor improvements are being carried out.

Lepers' Home.—This is situated at Spanish Town. It is a very well kept Institution. The Medical Officer in charge is the District Medical Officer stationed at Spanish Town. There is a Resident Superintendent who is also dispenser. Both he and the Matron have quarters which although fly-proofed are too near the wards.

There is a good farm adjoining the Home in which the inmates work. The average number of inmates is 105. The 1896 Law relating to Lepers does not include compulsory segregation of all Lepers but only those found wandering at large.

Leprosy is now included in the list of Notifiable Infectious Diseases so that, if necessary, segregation could be enforced. The total number of lepers in the Colony is probably at least twice the number in the Home. It appears from statistics that the disease is becoming less prevalent. Good results in treatment have recently been obtained by the use of Sodium Gynocardate tablets. Patients are discharged on the certificate of the Medical Officer but there is no system of discharging on parole or subsequent examination. This should be provided for in the Regulations.

Poor Law Institutions.—There is a Poor House in each parish administered by the Parochial Board. The Medical care of paupers, both in and out-door is part of the duties of the District Medical Officers.

BASIL M. WILSON,
Principal Medical Officer.

IV.—SANITATION.

1. ADMINISTRATION.

(a) *Personnel.*

The unit of health administration in this colony is the Local Board of Health. Each parish has a Parochial Board which has control of the health activities of the parish as its Local Board of Health.

The Central Board of Health exercises general supervision over the work of the Local Boards, and acts in an advisory capacity. The attendances of the members at the meetings of the Central Board were as follows:—

The Hon. Dr. B. M. Wilson, S.M.O.	..	20
Dr. D. J. Phillips	..	20
The Hon. Dr. Lawson Gifford	..	19
Mr. J. M. Nethersole	..	13
Dr. G. H. K. Ross	..	9
Dr. S. Lockett	..	4
Major Dwyer, D.S.O.	..	4
Lt.-Col. Aylen, D.S.O.	..	..

The Central Board of Health employs a Senior Sanitary Medical Officer who acts as Inspector and Technical Advisor to the Board. This officer was on leave for a period of four months during the year. The services of the Junior Sanitary Medical Officer were terminated in April. A foreman of works is employed by the Board to supervise the construction of latrines in those parishes which are selected for the demonstration of Hookworm Disease prevention and treatment by the International Health Board. Two units were at work throughout the year.

A Bureau of Health Education was started in April by the Central Board of Health with Dr. Washburn as Director. The purpose of this bureau is to disseminate information on health matters by means of pamphlets, lectures, lantern demonstrations, etc. Its monthly bulletin has been in great demand and its circulation is increasing.

Table showing the number of the permanent staff employed by the Local Board of Health:

Parish.	M. O. Hs.		Sanitary Inspectors.	Midwives, Nurses, etc.
	Full time.	Part time.		
Kingston and St. Andrew	2	..	21 (a)	4
Port Royal	..	..	1	..
St. Thomas	..	1	6	..
Portland	..	2	4	..
St. Mary	..	4	8	2
St. Ann	..	4	9	..
Trelawny	..	3	15	2
St. James	..	2	8	2
Hanover	..	1	4	2
Westmoreland	..	2	6	4
St. Elizabeth	..	3	3	1
Manchester	1	..	2	8
Clarendon	1	..	6	3
St. Catherine	..	3	11 (b)	1
	4	25	104	29

(a) Plus 5 temporary S.Is. for Hookworm duty.

(b) A dispenser also employed.

(b) *Financial:*

Table of Expenditure of Boards in 1926.

	Kingston & St. Andrew.	St. Thomas.	Portland.	St. Mary.	St. Ann.	Trelawny.	St. James.	Hanover.	Westmore- land.	St. Elizabeth.	Manchester.	Clarendon.	St. Catherine.
1. Administration—													
a. M.O.H. Salaries	1400	150	213	185	180	120	350	200	375	165	400	657	350
T.A. ..	300	50	..	..	263	38	..	100	..	..	100	150	110
b. S.I. Salaries	2944	165	138	266	502	309	512	67	154	76	146	763	782
T.A. ..	290	..	..	..	40	..	..	..	..	..	33	103	232
c. Office Clerks	214	..	..	..	..	..	..	..	..	..	..	..	..
“ Messengers	62	..	..	..	..	..	..	..	..	..	..	16	10
Totals	5210	365	351	451	985	467	862	367	529	241	679	1689	1484
2. Cleansing ..	8245	322	825	1252	732	460	848	155	476	97	94	143	1282
3. I. D. Prevention—													
a. Hookworm	..	..	705	662	..	..	..	..	..	..	..	206	..
b. Hospitals	1289	15	388	609	139	5	266	32	133	..	..	170	733
c. Notification	..	..	11	15	12	..	20	6	3	22	40	13	26
d. Disinfectants	..	..	..	..	..	24	..	50	52	..	..	3	..
e. Miscellaneous	117	..	..	23	195	16	..	..	..	690	14	..	93
4. Cemeteries	1387	73	97	208	161	99	..	28	51	..	..	7	146
5. Child Welfare, etc.	85	..	..	24	40	..	27	31	..	..	157	5	68
6. Sewerage, etc.	..	15	..	118	326	11	11	5	..	6	13	23	..
7. Drainage ..	..	275	237	585	..	30	220	57	334	39	..	26	438
8. Water Supply	..	412	413	616	941	206	..	180	227	..	93	..	5101
9. Miscellaneous	3093	11	..	86	2	65	62	142	..	..	131	150	50
£	14216	1123	2676	4398	2548	916	1454	686	1256	854	542	746	7927

The Central Government spent the following sums on matters that affect the promotion of health in the Colony:—

C. B. H. Expenses	..	£1,481
Quarantine ..	..	1,194
Hookworm Campaign	..	3,616
Venereal Diseases ..	..	1,404
Yaws ..	..	2,470
Vaccination Fees	..	4,011
Drugs ..	..	1,654
Child Saving League	..	210
		<u>£16,040</u>

This gives a grand total of £69,107 spent by all concerned. It is of interest to compare the totals for each parish over a number of years.

	Kingston and St. Andrew	St. Thomas.	Portland.	St. Mary.	St. Ann.	Trelawny.	St. James.	Hanover.	Westmoreland.	St. Elizabeth.	Manchester.	Clarendon.	St. Catherine.
1923 ..	12,493	1,382	3,202	5,808	1,638	956	1,717	837	338	877	1,146	1,270	2,289
1924 ..	15,358	1,891	3,196	5,191	3,450	1,289	1,648	879	1,161	369	6,744	2,592	5,815
1925 ..	16,182	1,494	2,240	6,592	2,658	2,300	2,068	971	1,641	792	1,441	2,249	5,454
1926 ..	19,426	1,488	3,017	4,894	3,333	1,383	2,316	1,053	1,785	1,095	1,224	2,435	9,411

(c) *Legal*:—

The outstanding feature under this heading was the bringing into force of the Consolidated Health Law No. 18 of 1925 on the first day of January, 1926.

The following is a list of all notices in the Gazette affecting public health:—

3. Boundaries of Llandewey under Law 35 of 1910 sec. 7.
4. Constitution of new Central Board of Health.
27. S.M.O. to be Chairman of Quarantine Board.
72. Port Antonio—Limits for water supply.
110. ditto
160. St. Thomas Market limits.
177. S.S.M.O. to be a member of the Quarantine Board.
231. St. Ann—Market rules.
429. Law 18 of 1926 passed.
447. Law 20 of 1926 passed.
596. Alterations in list of Infectious Diseases.
631. Kingston—By-laws re places of amusement.
612. St. James—Williamsfield Spring a public water supply.
667. St. Ann—Cemetery rules.
671. Kingston and St. Andrew—Market rules
785. Trelawny—Falmouth building rules.
798. Portland—Spring at Saulman a public water supply. Spring at Shrewsbury a public water supply.

Laws enacted in 1926 affecting the public health:—

- No. 12. Maintenance of Bastard Children.
- No. 18. Adulteration of Food and Drugs (amends).
- No. 20. Sale of Drugs and Poisons.
- No. 27. Maintenance Law (amends).
- No. 33. The Opticians Law.
- No. 38. Manchester Maternity Hospital Law.

(d) *Special Enquiries*:—

- S.S.M.O. on Alastrim in Vere.
 on Spanish Town Water Supply.
 on Typhoid Fever in Ballards Valley, St. Elizabeth.
 on Dysentery in St. Catherine.
 on disinfection in Kingston.
 on alleged nuisance at Naval Yard, Port Royal.
 on Alastrim in St. Mary.
 on Malaria cases at Camp.

M.O.H. Bagnolds, on certain deaths in the Retreat Area and on the water supply to certain schools.

M.O.H. Hanover, on Alastrim in his parish and on Cerebro Spinal Meningitis.

M.O.H. St. James, on Alastrim and on Cerebro Spinal Meningitis.

2. VITAL STATISTICS.

Full details will be found in the annual report of the Registrar General. A short table is included here.

Parish.	1926. Estimated mid-year population.	Birth Rate.	Death Rate.	Infantile Mortality.
Kingston	66,381	40	24	163
St. Andrew	56,504	35	25	179
St. Thomas	44,887	38	21	175
Portland	52,742	38	22	184
St. Mary	76,949	33	19	176
St. Ann	78,089	38	17	144
Trelawny	37,127	39	20	220
St. James	45,349	38	24	225
Hanover	41,427	41	17	149
Westmoreland	74,581	37	18	158
St. Elizabeth	86,889	40	18	161
Manchester	69,689	39	16	134
Clarendon	89,856	41	20	164
St. Catherine	103,030	39	22	169
Colony	929,526	38	20	168

Note.—Port Royal figures and those of excess of immigrants not counted.

It is pleasing to record that during the Dysentery epidemic in St. Catherine I had an opportunity of checking the recording of deaths at the Registrar's Offices and found that their list tallied with the reports from the Nurses and Sanitary Inspectors.

The figures for the Infantile Mortality and the Death Rates for the past six years suggest very strongly a great improvement in the public health of the Colony.

	1921.	1922.	1923.	1924.	1925.	1926.
Death Rate ..	28	22	22	21	21	20
Infantile Mortality Rate	197	177	171	161	173	168

The Death Rates for the 0-4 age period by sexes supports this suggestion:—

	Kingston	St. Andrew.	St. Thomas.	Portland.	St. Mary.	St. Ann.	Trelawny.	St. James.	Hanover.	Westmoreland.	St. Elizabeth.	Manchester.	Clarendon.	St. Catherine.	Colony.
					A. Male.										
1921	175	146	106	91	87	59	104	94	119	85	72	57	85	112	93
1922	122	82	76	80	63	67	109	95	96	89	72	63	72	177	79
1923	126	100	95	80	63	65	97	83	76	72	70	54	70	85	78
1924	128	90	92	86	65	48	94	85	75	62	60	50	65	91	71
1925	138	92	102	85	61	52	91	80	79	60	56	47	62	86	72
1926	128	85	86	85	63	54	99	88	66	84	64	53	78	76	71
					B. Female.										
1921	159	135	104	90	82	52	95	86	104	86	54	55	76	109	109
1922	96	86	78	68	63	57	110	71	96	90	67	61	68	70	74
1923	110	86	80	68	61	59	87	85	75	57	64	52	61	76	69
1924	129	81	84	83	53	49	84	72	76	71	55	45	62	82	67
1925	122	92	86	66	61	43	75	66	65	58	46	43	65	80	65
1926	98	86	70	78	62	57	82	91	63	60	60	52	64	81	69

3. COMMUNICABLE DISEASE.

(A) General:—

Notifiable Disease in 1926.—Under Law 18 of 1925, which came into force on the 1st of January, 1926, twenty-nine diseases were listed as Notifiable Infectious Diseases. In the Gazette of the twenty-second of September, 1926, an order altered the list to the nineteen which are recorded on the outer cover of the latest I.D. Notification forms. The reason for this action was that no administrative procedure had been developed in regard to those diseases which were deleted.

The following table gives the record of Notifiable Disease reported to the Central Board of Health during the year and it shows the parish which reported them and the month in which they were reported. The St. Catherine motor ambulance covered 5,567 miles at a cost of 8 pence a mile.

NOTIFIABLE DISEASE IN 1926.

	Typhoid.	Pulmonary Tuberculosis.	Scarlet Fever.	Puerperal Fever.	Cerebro-Spinal Meningitis.	Leprosy.	Diphtheria.	Measles.	Yaws.	Ophthalmia Neonatorum.	Chicken Pox.	Alastrim.	Encephalitis Lethargica.	Whooping Cough.	Erysipelas.	Dysentery.	Total.
	(A) By Parishes.																
Kingston ..	141	116	2	1	1	7	1	47	..	3	40	120	..	..	1	32	512
St. Andrew ..	107	69	..	..	..	5	..	14	..	..	25	46	..	7	..	1	274
St. Thomas ..	15	19	..	..	..	..	..	..	..	..	..	6	..	..	..	3	43
Portland ..	44	56	..	3	..	..	..	1	..	..	30	39	1	..	..	2	176
St. Mary ..	78	26	..	1	..	..	1	..	..	..	10	91	..	..	..	1	208
St. Ann ..	120	54	1	..	..	..	..	4	10	..	6	40	..	..	..	1	236
Trelawny ..	31	8	..	..	1	..	1	..	..	1	2	8	..	..	..	..	52
St. James ..	64	64	..	1	1	..	1	..	..	..	4	111	..	..	..	..	246
Hanover ..	15	26	..	1	1	..	2	1	..	..	10	2	1	..	..	..	59
Westmoreland ..	33	23	..	1	1	..	..	..	..	..	10	14	..	1	..	..	83
St. Elizabeth ..	111	24	..	..	1	..	1	..	..	..	3	316	..	..	..	..	456
Manchester ..	37	17	..	1	..	..	..	..	92	1	86	61	..	277	..	..	572
Clarendon ..	117	40	..	9	1	3	..	11	1	6	..	134	..	..	2	10	334
St. Catherine ..	96	77	..	1	..	1	..	13	..	..	22	120	..	..	..	1,073	1,403
Totals ..	1009	619	3	19	7	16	7	91	103	11	248	1108	2	285	3	1,123	4,654
	(B) By Months.																
January ..	62	51	..	4	2	1	1	..	..	3	5	90	..	..	..	..	219
February ..	46	43	..	..	..	1	2	..	..	1	24	144	..	..	..	..	261
March ..	56	52	..	1	..	1	..	..	..	..	47	183	..	..	..	..	340
April ..	59	44	..	..	..	..	1	2	..	..	79	119	..	..	..	..	304
May ..	39	59	..	1	..	..	..	8	..	1	47	89	..	63	..	..	307
June ..	52	54	..	..	..	..	1	27	..	1	7	99	..	222	..	..	463
July ..	97	56	..	2	2	12	..	14	15	1	10	90	..	..	..	..	299
August ..	100	46	1	..	1	..	..	25	54	1	5	91	..	..	..	..	324
September ..	141	60	..	1	..	..	..	15	34	2	2	59	..	..	..	..	314
October ..	113	65	1	7	..	1	2	..	..	1	10	88	..	..	2	1123	290
November ..	117	36	..	1	2	..	..	..	..	..	5	20	..	..	..	..	181
December ..	127	53	1	2	..	..	..	..	..	..	7	36	2	..	1	..	229
..	1009	619	3	19	7	16	7	91	103	11	248	1108	2	285	3	1,123	4,654

Age distribution of Pulmonary Tuberculosis cases at the time of Notification.

	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & upwards.	Ages not given.	Total.
Males	4	5	27	40	90	56	18	6	2	63	311
Females	3	1	11	44	55	72	38	14	11	2	57	308
Total	3	5	16	71	95	162	94	32	17	4	120	619

The Central Board of Health adopted a new form for the notification of these diseases and this has since been brought into force.

It has long been known that notification has hitherto left much to be desired and the Board designed this form so as to facilitate and hasten the work of the practitioners. A specimen form is printed on the next page showing the outer covers and the form itself. These are bound in books of 25 forms.

(Front Cover.)

THE NOTIFIABLE INFECTIOUS DISEASES are—
1. Smallpox: Alastrim
2. Plague
3. Cholera
4. Diphtheria: Membranous Croup
5. Dysentery
6. Erysipelas
7. Scarlet Fever or Scarlatina
8. Leprosy
9. Chicken Pox
10. Cerebro-spinal Meningitis
11. Poliomyelitis
12. Pulmonary Tuberculosis
13. Encephalitis Lethargica
14. Yellow Fever
15. Typhus
16. Typhoid Fevers
17. Paratyphoid Fevers
18. Puerperal Fever
19. Undulant Fever.

NO.

NO.

NAME.....AGE.....SEX.....
ADDRESS.....
(NAME).
DISEASE.....
DATE OF ONSET.....OF DIAGNOSIS.....
NAME OF HOUSEHOLDER.....
(ADDRESS).
OCCUPATION OF PATIENT.....
IF A SCHOLAR—SCHOOL.....
REMARKS.....
(Date)
Signature of Medical Practitioner.

Date

(Reverse of Card)

NOTIFICATION OF INFECTIOUS DISEASE.

Recd. by M. O. H. on.....
Forwarded to C. B. H. on.....

THE M. O. H.
THE CLERK OF PAROCHIAL BOARD,
.....

(Back Cover)

LAW 18 OF 1925, SECTION 32 (b).

Every Medical Practitioner attending on or called in to visit the patient shall forthwith, on becoming aware of or suspecting that the patient is suffering from an infectious disease, give to the Central Board or to the Local Board, a certificate stating the full name and the age and sex of the patient, a full description of the situation of the house and the infectious disease from which the patient is suffering or is suspected by him to be suffering and in the event of the death of the patient, he shall also give a certificate to the Central Board or the Local Board stating in addition to the above particulars, the infectious disease of which in his opinion the patient has died or is suspected to have died and the date and hour of the death.

(b) *Preventive Measures.*(a) *Mosquito and Insect borne Disease:—*

Typhoid.—A slight increase in the numbers reported during the year has to be recorded. A very definite localised epidemic broke out in Ballards Valley in the parish of St. Elizabeth. Sanitary conveniences were conspicuous by their absence and as the water supply was from the drainage area around each house into a pit sunk near the house, these pits became infected. In this case anti-typhoid inoculation was carried out and was taken advantage of by a large number. Recommendations were given as to liming water pits. The most valuable factor in obtaining news of fresh cases was the appointment of a trained nurse to go round the district and instruct the people as to the precautions to be taken to prevent the spread of infection and to instruct the people in nursing where this was necessary. The epidemic broke out at the end of a very dry season. In Kingston the number of cases reported is the lowest since 1919. The corrected figures for the parish for the years 1919-1926 are 292, 189, 411, 190, 184, 198, 192, 153 respectively. The death rate in Kingston was 13.9 per 10,000.

Dysentery.—A severe outbreak of Bacillary Dysentery occurred in the north-eastern section of St. Catherine. This was due to a bacillus of the Flexner Y group. Energetic measures by the local staff of Local Board of Health which was augmented for the purpose controlled the disease and in three months it had practically ended. A similar outbreak occurred in the same area in 1903. The disease is endemic in the Island but many of the cases have hitherto been recorded as colitis and possibly as choleraic diarrhoea, a term which is to be found in the death records before 1912. It is to be noted that similar outbreaks were recorded about the same period in Cuba and in the Bahamas. The origin of the outbreak is obscure. The first cases started in area known as Caledonia. In this epidemic the value of travelling nurses was demonstrated. The steps taken were to arrange for the hospitalisation of cases occurring in the larger centres where there was more likelihood of spread. Most of the cases occurred however up in the hills or bush and had to be treated in their homes for various reasons. The death rate was increased by the fact that the people depended on local medicines such as Logwood, Coconut, Red Guava root which are astringent in their action.

The case death rate was approximately 10%.

Malaria.—No well-defined local epidemic occurred during the year, but the disease was prevalent during the last quarter. No major anti-malarial works are reported nor indeed are any undertaken. Prior to any work of such a nature, it is necessary to conduct an enquiry into the life history of the species incriminated and to work out the prevalence of malaria in selected places and try out the remedies proposed for their destruction. Unless this is done any expenditure on a large scale may fail to effect its purpose. Proposals for such an investigation have been placed before the Government.

In reporting on this disease, the M.O.H. Kingston, draws attention to the death rate from this disease in his parish from the years 1922 to 1926:—

Year.	D.R. per 10,000
1922	1.5
1923	2.3
1924	4.02
1925	8.02
1926	3.1

Return made by the Medical Storekeeper showing the quantity of Quinine supplied from the 1st January to the 31st December, 1926.

Police for own use	22,400-5 grain tablets	16 lbs.
Post Office for sale	496,000-5 grain	354 lbs., 4 oz.
Estates	5,600-5 grain	4 lbs.
Parochial Boards	2,625-5 grain	1 lb., 14 oz.
Hospitals and Asylums	8,575-5 grain	6 lbs., 2 oz.
Hospital and Asylums Quinine Sulphate	..	116 lbs. $\frac{1}{2}$ oz.
Parochial Boards	..	13 lbs. 9 oz.
Receipts —For packets sold to post offices	£416 5 3	
Other receipts	8 17 9	

(b) *Epidemic Disease other than at (a).*

Alastrim.—The figures for this year show a slight increase over those of last year and the increase is mainly to be found in the parish of St. Elizabeth with 316 cases. A small epidemic occurred in Kingston early in the year. Here the conditions are difficult to contend with, and it reflects great credit on the staff that it did not assume larger proportions. 120 cases were reported.

Much is still to be desired in the notification of all notifiable diseases. The M.O.H., Port Antonio, reports 53 cases of Alastrim but only 39 were recorded by the Central Board of Health from this parish.

The M.O.H. who had charge of the St. Mary I.D. Hospital, reports 87 cases were treated there with 9 deaths. He states that alastrim has assumed a much more severe and virulent type than formerly.

The M.O.H., St. James, reports over 300 cases. Of these only 111 were notified to the Central Board of Health. He states that there are many deaths from this disease in the interior.

The M.O.H., Manchester reports 67 cases of Alastrim with 3 deaths. This officer has no I.D. Hospital and depends on very thorough vaccination of the surrounding people. He has been very successful with this method.

The M.O.H., St. Catherine reports 104 cases with 5 deaths. This is a death rate of 3.8%.

The M.O.H., St. Andrew, who has charge of the Kingston and St. Andrew I.D. Hospital, reports 173 admissions with 11 deaths. This is a death rate of 6.35. As this is the I.D. Hospital where details are kept, I have added his report as an addendum to this report.

108 deaths were reported in the colony during the year from this disease. This gives a death rate of 9.75%. As against this high figure I would refer to the death rates quoted from the Kingston I.D. Hospital where the rates for 1924, 1925 and 1926 were 4.95, 6.08, 6.35 respectively.

A factor which has tended to delay the eradication of this disease from the colony is the habit of the people of storing up old rags.

The number of vaccinations performed during the year was 52,780. The cost of this in fees to Practitioners was £4,011 14s. 10d.

Tuberculosis.—The prevalence of this disease is difficult to determine. On the one hand, all the M.O.Hs. and the D.M.Os. are positive that the disease is seriously on the increase and great weight must be attached to such opinion although it is not backed by any figures. On the other hand such figures as are available do not support the contention. The Registrar General's figures for the deaths from Pulmonary Tuberculosis and from Phthisis are given below and it will be seen that there has been a steady diminution in the incidence since the start of this decade. The general death rate has, however, also diminished during the same period.

Year.	No. of deaths.	Rate per 10,000.
1907 ..	1,328 ..	16.75
1908 ..	1,451 ..	17.63
1909 ..	1,317 ..	16.20
1910 ..	1,232 ..	15.01
1911 ..	1,291 ..	15.53
1912 ..	1,257 ..	15.06
1913 ..	1,275 ..	15.25
1914 ..	1,280 ..	15.25
1915 ..	1,290 ..	15.34
1916 ..	1,384 ..	15.45
1917 ..	1,467 ..	17.29
1918 ..	1,703 ..	20.09
1919 ..	1,517 ..	17.75
1920 ..	1,694 ..	19.78
1921 ..	1,584 ..	18.44
1922 ..	1,442 ..	16.40
1923 ..	1,339 ..	15.40
1924 ..	1,295 ..	14.44
1925 ..	1,301 ..	14.29

The M.O.H., Port Antonio, reports:—

There is no doubt that this disease is seriously on the increase. Nor is it any wonder when we take into account the conditions that obtain. No organization exists to combat the spread of Tuberculosis in our midst. It must be admitted that educating the people up to a standard of living which will place them in most favourable conditions to resist disease is essential; education to seek medical aid at all times when suspicious symptoms present themselves would enable cases of incipient Tuberculosis to be recognised and treated, thus affording the afflicted the best chance of recovery.

The M.O.H., Montego Bay, reports:—

Tuberculosis is ever with us to an alarmingly increasing extent, but so much has been said from time to time that I find it difficult to say anything new. I can but reiterate the hope that before the whole colony is infected some move on the part of the Government will be made as regards treatment.

The M.O.H., Hanover, reports:—

Pulmonary Tuberculosis is on the increase.

The M.O.H., St. Andrew:—

If it is not possible to have (on account of the expense) a Tuberculosis Sanatorium to deal with patients who are a menace to their families and for whom no provision is at present made, then steps should be taken to establish a Tuberculosis Dispensary or Dispensaries. "The Tuberculosis Dispensary would be the common centre for the diagnosis and organisation of treatment of Tuberculosis in such an area. The aim should be that no single case should remain uncared for." Something should be done to grapple with a disease, which taking into account the climatic conditions should not be as prevalent as it really is.

I have tried to educate the community and especially the children up to the "fresh air and open window" doctrine, combating the old doctrine that "night air" is dangerous.

This suggestion for the establishment of a Tuberculosis Dispensary is one that I would strongly recommend and the cost would be small.

3. *Helminthic Diseases.*—The report of the Hookworm Campaign will be published separately. There is nothing to add to the reports of these diseases made in the annual medical reports of the past three years.

In Clarendon 5,974 examinations were made and 1,728 were found infected. Of these 1,438 were treated.

4. *Diseases other than Epidemic affecting the Public Health.*—Ackee Poisoning: This complaint has been noticeably less frequent during the year. The M.O.H., Duncans, reports only three deaths in his district where the disease has been prevalent for years. The Registrar General's figures are not yet available.

5. *Supervision of Food Supplies.*—The M.O.H., Hanover, reports that 4,761 inspections of food handlers were made during the year and that of these 14 were rejected. This is a rate of 0.29%.

The M.O.H., Spanish Town, examined 2,700 food handlers.

6. *Water Supply.*—A table showing the results of the chemical and bacteriological analysis of certain water is attached. After a consultation with the Government Bacteriologist the standard of B. Coli negative in 10 c.c.s. was fixed as desirable. So far no differentiation by means of the Methyl Red and Voges Proskauer tests has been made. It is to be noted that the officer in charge of the Laboratory at Camp is getting better results than we are for the Hope supply.

The M.O.H., St. Andrew, again stresses the need of constructing concrete water tables before installing a pipe supply as otherwise unsightly and possibly insanitary conditions are sure to arise.

The M.O.H., Annotto Bay, reports that the water supply to the town is subject to contamination at its source.

The M.O.H., Hanover, reports an improvement arising from the bringing of the area adjacent to the reservoirs under the control of the Board.

In order to prevent infection from the Dysentery epidemic which occurred in the water shed disinfection with lime was tried but the results were not altogether satisfactory. This water supply will be much improved when the two extra reservoirs which will be ready during the coming year are in operation.

It is to be noted that in estimating for the water allowance per head much more water must be arranged for in this Colony. I am of opinion that at least 80 gallons a day should be the figure.

BACTERIOLOGICAL REPORTS ON KINGSTON WATER.

Date.	Constant Spring.				Hope.				Cavaliers.			
	Raw.		Filtered.		Raw.		Filtered.		Raw.		Filtered.	
	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.
4.1.26	1,500	+ 0.1	100	- 10	100	+ 1	20	- 10	100	+ 1	20	- 10
10.3.26	..	+ 1.0	10	+ 10	200	+ 5	10	+ 5	100	+ 1	100	+ 5
13.4.26	700	+ 0.1	100	+ 5	800	+ 0.1	100	+ 5	800	+ 0.1	100	+ 5
12.7.26	1,000	+ 1.0	500	+ 1	500	+ 0.1	50	- 10	1,000	+ 1	100	- 10
30.8.26	500	+ 1.0	50	+ 10	..	..	50	- 10	..	..	..	..
4.10.26	..	..	..	..	..	..	..	..	1,000	+ 1	100	+ 10
15.11.26	1,500	+ 1.0	..	+ 5	3,000	+ 1.0	50	+ 5.0	1,250	+ 1	50	+ 10
6.12.26	700	+ 1.0	125	+ 5	100	+ 1.0	50	+ 5.0	500	+ 1	200	+ 10

Note.—Column A. denotes the number of organisms in 1 c.c.

Column B. denotes that B. Coli was found or not in the number of c.c. mentioned.

7. *Conservancy and Refuse Removal*—One distinct advance in latrine construction has to be recorded owing to the experience of the Hookworm Campaign, and as a result of investigation into the working of absorption pits in water-logged areas. It is realised now that pit latrines work very well in such areas if due precautions are taken to avoid the dangers from surface water and from mosquito breeding in the pits.

The M.O.H., Annotto Bay, reports on the bucket system which is partly used there. The bucket latrines are built according to the specifications of the Hookworm Commission. The system does not work well because there are 484 buckets and the night soil men can only handle 81 per night for six nights a week. This means that each bucket is only emptied once a week instead of every second night as is desirable. He remarks that the pit latrines have worked well.

The M.O.H., Clark's Town, reports a gradual improvement in the desire to erect sanitary latrines. Surface latrines still exist in large numbers.

The M.O.H., Manchester, reports that systematic sanitation of the parish was started in September with Porus and Christiana as radiating points. The sanitation of Mandeville is now completed. The deep pit system has almost superseded the bucket system.

The M.O.H., Spanish Town, reports that a Chief Sanitary Inspector was appointed in order to control the follow up work so essential after a Hookworm Campaign in a district. He remarks that the officer is not responsible to the M.O.H. This system has not proved satisfactory elsewhere.

The M.O.H., Buff Bay, reports that the co-operation received from the people of the district when the Hookworm Campaign was working there was such as to impress the responsible members of the Commission with the sanitary sense of the community.

The M.O.H., Richmond, reports the latrines as being in fair order and that oiling of the surface of these is not regular.

8. *Maternity and Child Welfare Schemes*.—The Child Saving League continues to perform very valuable work in Kingston. There is a small association performing similar work in Montego Bay and it well deserves the assistance of the public and the Government.

The parish of Manchester provides through a voluntary association, nurses who are stationed in the districts of the parish.

The dental clinic which was mentioned as operating in St. Andrew schools has continued its work. The details of its work are given by the M.O.H., as follows:—

No. having teeth cleaned	..	462
No. of silver fillings	..	1,632
No. of cement fillings	..	62
No. of silicate fillings	..	69
No. of extractions	..	778
Miscellaneous treatment	..	423
Total No. of operations	..	3,515

A Maternity Hospital has been opened in Manchester. The parish is indebted to the ladies who carried out this project and especially to Mrs. Courtland MacGregor.

The M.O.H., Linstead, remarks:—"I suppose the time is far distant when more trained nurses will be scattered throughout the various districts to guide and look after expectant mothers and thus save them from the ill-usage of the unwashed, unkempt, unlearned old hags. To see the wizened, attenuated limbs of many poor infants, victims of improper feeding with cornmeal pap, minus milk, bush tea, cassava starch, etc., is sad in the extreme."

A Baby Show was held in Kingston, and great interest was shown in this by the public.

9. *Town Planning and Housing*.—Over-crowding remains one of the most difficult factors in public health work to combat.

10. *Port Sanitary Administration and Quarantine*.—The report of the Secretary of the Quarantine Board is appended. A start has been made with the use of Cyanogen Chloride in fumigating vessels, after it had been tried out on railway carriages with guinea pigs as control. This method has many advantages over the Clayton and the Sulphur in pots systems that have been in vogue hitherto. The difficulties that have been experienced in colder climates have not troubled us here.

This service is thoroughly and efficiently carried out.

11. *Educational Measures*.—The value of lectures is being realised and much more has been done in this direction than in former years. The M.O.H., Hanover, remarks "The people are, unfortunately, so steeped in ignorance and superstition that public health efforts without first clearing the ground by special education to that end seem bound to be an expensive failure."

The M.O.H., Bagnolds, reports "More has been done in the year under review to disseminate the knowledge of Hygiene than ever before."

Health Week was observed in most places and has proved a great success. The lectures were well attended and great interest was shown by those who attended.

RECOMMENDATIONS.

The M.O.H., Claremont, recommends:—

1. More practical instruction in Training Colleges so that schools may be better kept and so that Teachers may be in a position to develop a "sanitary conscience" in the growing generation.

The M.O.H., Richmond, recommends:—

1. A good water supply is the greatest need or rather sanitary requirement of the town of Richmond and Highgate.

The M.O.H., Spanish Town, recommends:—

1. An improved water supply.
2. Maternity clinic.
3. The standardisation of Cowsheds and Dairies.
4. A school for Sanitary Inspectors.

The M.O.H., Montego Bay, recommends:—

1. The remodelling of the incinerator.
2. The building of model dwellings.
3. Extra taxation on lands lying idle near a township to make them available for building and so relieve the over crowding.
4. The metering of the water supply.
5. The alteration in the present condition of the bed of the creek which runs through the town.

The M.O.H., Hanover, recommends:—

1. The extension of lecturing and educational propaganda more especially in schools.

The M.O.H., Alexandria, recommends:—

1. An I.D. Hospital.
2. Provision for the hospitalisation of consumptives.
3. Proper water supply and latrines at schools.
4. Teaching and practice of Hygiene in schools.

The M.O.H., St. Ann, recommends:—

1. Filling up of the swamp land.
2. The removal of the drains on the north side of the town.
3. The limiting of the cultivated area in the town.

The M.O.H., Clarke's Town, recommends:—

1. Fly-proof meat stalls.

The M.O.H., Annotto Bay, recommends:—

1. Transfer of the I. D. Hospital to a more suitable site.
2. Inoculation of typhoid contacts as a routine measure.

The M.O.H., St. Andrew, recommends:—

1. Education is the keynote of the modern Public Health Campaign. Every child should be taught the principles of personal hygiene and sanitation. Each school should be a practical demonstration of sanitary premises.
2. The extension of the Child Saving League activities to this parish.
3. The employment of a Woman Health Visitor for this parish.
4. Examination and treatment of school children.
5. Provision of a Tuberculosis Dispensary and Sanitorium.
6. A housing scheme for the poor.
7. A protected water supply for each district.
8. Examination of all bakers and dairymen.
9. A parochial midwife in each country district.

10. More public sanitary conveniences.
 11. The M.O.H. should have greater facilities for obtaining information re births and deaths in the parish. The District Registrar should report to the M.O.H., who would forward reports to the Registrar General.
 12. Construction of water tables in the townships.
 13. Channelling of the gullies used for carrying off water.
- The M.O.H., Kingston, recommends—
1. Two more nurses for ante-natal work. These would also have to visit the newly born.
 2. The provision of Dental Clinics for schools.
 3. The appointment of a school Medical Officer.

G. C. STRATHAIRD,
Senior Sanitary Medical Officer.

BUMPER HALL CORPORATION HOSPITAL FOR INFECTIOUS DISEASES.

In Hospital January 1st, 1926	..	..	46
Admitted	..	..	295
Discharged	..	..	341
In Hospital December 31st., 1926			nil

Admissions.	1923.	1924.	1925.	1926.
Alastrim	199	182	312	173
Chicken Pox	29	32	31	49
Measles	..	19	9	40
Syphilis	5	7	10	12
Diphtheria	..	2	1	..
Pneumonia	..	1	..	..
Yaws	..	2	..	5
Whooping Cough	..	1	..	..
Ring Worms	..	1	..	..
Scabies	..	1	..	..
Insect Bites	..	1	..	..
Enteric Fever	1	..	..	..
Arsenical Dermatitis	..	..	1	..
Pulmonary Tuberculosis	..	..	..	1
Under observation	4	16	15	15
Eczema	..	..	..	1

Monthly admission of Alastrim Patients:—

Jany.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
61	67	40	4	..	1	..	..	..	..	..	..

Admission of Chicken Pox Patients:—

Jany.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
..	1	15	11	5	7	7	3	..	..	1	..

Ages of Alastrim Patients.

	1923.	1924.	1925.	1926.
Under 1 year	12	6	4	8
1 to 5 years	8	7	22	13
6 to 15 years.	..	15	35	22
16 to 25 years	64	71	129	67
26 to 45 years	25	63	102	52
46 to 65 years	7	20	20	10
66 years and over	..	..	..	1

Severity of Disease.

	1923.	1924.	1925.	1926.
Mild	13	12	79	43
Moderate	71	104	142	91
Severe	26	55	62	22
Very severe and confluent	17	11	29	17

Deaths.

Eleven (11) patients died from Alastrim. Nine had no marks of vaccination, one had very faint marks and one aged 35 had fairly good old marks of vaccination in infancy.

Ages at Death.

			1924.	1925.	1926.
Under 1 year	..	..	3	..	1
16 to 25	..	..	..	6	5
26 to 45	..	..	3	10	4
46 to 65	..	..	3	3	1

			1923.	1924.	1925.	1926.
Death Rate	..	..	9.04	4.95	6.08	6.35

As to Vaccination.

Alastrim Patients.		1924.	1925.	1926.
No marks	..	112	249	136
Vaccination in infancy	..	60	57	27
Recently Vaccinated (within period of incubation.)	..	10	6	10

Non-Alastrim Patients.		1925.	1926.
No marks	..	23	25
Vaccinated in infancy	..	47	97

It will be seen that as in the previous years, no case occurred in a patient recently vaccinated and no case of Alastrim developed in Bumper Hall in non-alastrim cases, every case having been vaccinated on admission.

LEWIS A. CROOKS.

V.—RETURNS.

TABLE 1.—Return showing the Medical Staff and the Principal Members of the Subordinate Staff.

Name and Qualifications.	Rank of Appointment.	Where Stationed.
Wilson, B. M., M.D., Ch.B., D.P.H., Manch.	Principal Medical Officer	Kingston
Strathairn, G. C., M.B., Ch.B., D.P.H., Edin.	Senior Sanitary Medical Officer	Kingston
Ross, G. H. K., L.R.C.P. & S., Edin.	Senior Medical Officer	Public Hospital, Kingston
Westmorland, A. S., M.R.C.S., Eng., L.R.C.P., Lon., D.T.M. Lond.	Resident Medical Officer	do
Baxter, G. F., M.R.C.S., Eng., L.R.C.P., Lond.	do do	do
deMercado, A., (a)	do do	do
Clark, L. M., M.R.C.S., Eng., L.R.C.P. Lon.	do do	do
DePass, S. C., D.D.S.	Part-time Dental Surgeon	do
Douglas, A. J. (Miss)	Matron	do
Walton, A. (Miss)	Assistant Matron	do
Gordon, R. A. N.	Dispenser	do
Millwood, L. E.	Assistant Dispenser	do
Hargreaves, G. McN., M.B., Ch., B., Edin., D.P.H., R.C.P.S., Eng.	Govt. Bacteriologist and Patho- logist (Acting)	do
Hewson, R. D., L.R.C.P. & S. Edin., L.F.P. & S. Glas.	Medical Superintendent	Lunatic Asylum Kingston
Myers, J. S., (a)	Resident Medical Officer	do
Cameron, J. J., M.R.C.S., Eng. L.R.C.P., Lond.	do do	do
Murray, U. N., M.C.P. & S., Ont.	do	do
James, W. A.	Dispenser	do
Escoffery, G. S., M.B., Ch.B., Aber.	Visiting Surgeon	Jubilee Hospital
Thompson, M. (Miss)	Matron	do
McNeil-Smith, E. (Miss)	Assistant Matron	do
Gifford, Lawson, M.D., C.M. Edin.	District Medical Officer	Kingston
Atkinson, R. M. (a)	do do	Gordon Town
Edwards, C. R., M.R.C.S., Eng., L.R.C.P., Lon.	do do	Lower St. Andrew

(a) Registered under Law 49 of 1908.

Davidson, R. H. (a) ..	District Medical Officer ..	Stony Hill
Anderson, A. A. (a) ..	do do	Morant Bay
Bartlett, T. M., M.B., C.M., Edin.	do do	Hagley Gap
Evans, F. R. (b) ..	do do	Plantain Garden River
Moseley, C. A., M.D., C.M., Halifax, M.R.C.S., Eng.	do do	Port Antonio
Arthurs, S. J. (a) ..	do do	Manchioneal
Gideon, E. D., M.R.C.S., Eng., L.R.C.P., [†] Lon.	do do	Buff Bay
Joslen, H., M.D., Durham, M.R.C.S., Eng., L.R.C.P. Lon.	do do	Annotto Bay
Ritchie, F. A., L.R.C.P. & S. Edin., L.F.P. & S., Glas.	do do	Highgate
Lecesne, G. I., M.B., Ch.B. Edin. [†]	do do	Port Maria
Escoffery, W. I., M.B., Ch.B. Aber.	do do	Gayle
Myers, A. E. C., M.B., Ch.B. Aber.	do do	St. Ann's Bay
Curphey, A. G., L.R.C.P. & S. Edin., L.F.P. & S. Glas.	do do	Claremont
Strudwick, H. T. (a) ..	do do	Cave Valley
Wilson, W. E., L.R.C.P. & S., Edin., L.F.P. & S., Glas.,	do do	Brown's Town
Barnes, J. A. (a) ..	do do	Falmouth
Clarke, J. H. (a) ..	do do	Clarks Town
Robertson, G. H. (a) ..	do do	Ulster Spring
Tate, D. L., M.B., Ch.B., Glas., F.R.C.S. Edin.	do do	Montego Bay
Mills, A. M., M.R.C.S., Eng., L.R.C.P., Lon.,	do do	Adelphi
Baillie, F. W. W., M.B., Ch.B., F.R.C.S., Edin.	do do	Lucea
Sherlock, R. G., L.R.C.P. & S., Edin., L.F.P. & S., Glas.	do do	Green Island
Harvey, C. E., M.B., C.M., Edin., L.R.C.P., Lon.	do do	Sav.-la-Mar
Sinclair, F. A., M.B., C.M., Edin.	do do	Little London
Sanford, Noel (a) ..	do do	Lambs River
Isaacs, S. A. (a) ..	do do	Grange Hill
Johnston, C. D. (a) ..	do do	Black River
Calder, J. A. L., M.B., C.M., Edin.	do do	Santa Cruz
Lofthouse, W. O. R., L.R.C.P., & S., Edin., L.F.P. & S., Glas.	do do	Balaclava
Hargreaves, G., L.R.C.P. & S. Edin., L.F.P., & S., Glas.	do do	Mandeville
Stimpson, R. M., L.R.C.P. & S., Edin., L.F.P. & S., Glas.	do do	Porus
Farquharson, W. G., M.R.C.S., Eng., L.R.C.P., Lond.	do do	Mile Gully
Mott-Trille, R. (a)	do do	Newport
Thomas, A. J., L.R.C.P. & S., Edin., L.F.P. & S., Glas.	do do	Frankfield
Thomson, A. W., M.B., C.M., Aber.	do do	Chapelton
McKinley, A. G., L.R.C.P. & S., Edin., L.F.P. & S., Glas.	do do	May Pen
Lyon, L.B., M.C.P. & S., Ont., M.B., Toronto	do do	Four Paths, Alley
Watson, J. A., L.M., Nova Scotia	do do	Crofts Hill
Campbell, G. P. (b) ..	do do	Spanish Town
Clarke, A. T. (a) ..	do do	Old Harbour
Clark, L. M., L.R.C.P. & S., Edin., L.F.P., & S. Glas.	do do	Linstead
Dryden, T. A. (a) ..	do do	Glengoffe
McIntosh, J. N., M.B., Ch.B., Edin.,	Ag. Health & District Medical Officer	Port Royal
Castle, H. B., L.S.A., Lond.	Medical Officer in charge of Out- station	Southfield, Malvern
Campbell, G. P. (b)	Medical Attendant ..	Lepers Home, Spanish Town
Levy, A. E. ..	Superintendent and Dispenser	do
McPherson, M. (Miss) ..	Matron	do

(a) Registered under Law 49 of 1908.

(b) Registered under Laws 1872-1896.

Return Showing Expenditure and Receipts of the Department.

	Personal Emoluments.	Other Charges.	Total Expenditure.	Amount of Dues Collected.	Actual Expen- diture after deducting dues collected.	Grants Estimated.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
GENERAL ADMINISTRATION						
Island Medical Office ..	4,119 18 10	1,229 13 11	5,349 12 9	..	5,349 12 9	5,416 0 0
District Medical Officers ..	9,413 15 1	..	9,413 15 1	..	9,413 15 1	9,450 0 0
Personal Allowance, D.M.O., Stony Hill ..	25 0 0	..	25 0 0	..	25 0 0	25 0 0
Health Officer, Port Royal ..	669 9 1	..	669 9 1	..	669 9 1	600 0 0
Supernumerary Medical Officer ..	403 18 9	..	403 18 9	..	403 18 9	404 0 0
Supernumerary Dispensers ..	324 13 4	..	324 13 4	..	324 13 4	320 0 0
Outstation, Southfield and Manning's Home ..	50 0 0	..	50 0 0	..	50 0 0	50 0 0
Leave to Subordinate Staff ..	87 5 2	..	87 5 2	..	87 5 2	85 0 0
Dispensing for Constabulary ..	12 0 0	..	12 0 0	..	12 0 0	12 0 0
Fees to Secretary and Members of Medical Council for meetings ..	..	..	..	..	..	20 0 0
Fees for Medical Board ..	2 2 0	..	2 2 0	..	2 2 0	12 0 0
Bacteriological Branch ..	1,167 1 5	85 11 3	1,252 12 8	71 10 6	1,181 2 2	1,516 0 0
Quarantine ..	680 19 6	513 11 9	1,194 11 3	148 2 6	1,046 8 9	1,239 0 0
Central Board of Health ..	1,246 17 9	234 19 9	1,481 17 6	..	1,481 17 6	1,988 0 0
Treatment of Yaws ..	..	2,470 12 0	2,470 12 0	..	2,470 12 0	2,975 0 0
Hookworm Eradication ..	..	3,616 5 11	3,616 5 11	..	3,616 5 11	4,192 0 0
Venereal Disease Clinic ..	..	1,404 17 0	1,404 17 0	11 12 6	1,393 4 6	2,725 0 0
Drugs and Poisons Law ..	..	17 4 6	17 4 6	18 0 0	*0 15 6	17 0 0
Midwifery Law ..	..	8 7 0	8 7 0	..	8 7 0	10 0 0
Vaccination Fees ..	..	4,011 14 10	4,011 14 10	..	4,011 14 10	2,500 0 0
Railway fares for candidates for appointment ..	..	3 3 9	3 3 9	..	3 3 9	10 0 0
Miscellaneous Drugs ..	..	1,654 2 11	1,654 2 11	..	1,654 2 11	1,458 0 0
HOSPITALS AND LEPERS' HOME						
Public Hospital, Kingston ..	10,850 19 7	11,713 4 2	22,564 3 9	688 18 9	21,875 5 0	26,136 0 0
Jubilee Hospital, Kingston ..	1,311 1 10	1,490 16 9	2,801 18 7	1,114 5 9	1,687 12 10	3,490 0 0
Lepers' Home ..	898 15 0	1,773 11 1	2,672 6 1	..	2,672 6 1	3,388 0 0
Morant Bay ..	199 15 4	472 8 3	672 3 7	12 5 6	659 18 1	836 0 0
Hordley ..	335 8 0	922 7 10	1,257 15 10	7 7 6	1,250 8 4	1,361 0 0
Port Antonio ..	401 15 3	1,248 3 5	1,649 18 8	44 5 11	1,605 12 9	1,862 0 0
Buff Bay ..	506 15 3	1,053 6 4	1,560 1 7	19 12 6	1,540 9 1	1,625 0 0
Annotto Bay ..	388 9 9	1,256 1 1	1,644 10 10	22 12 0	1,621 18 10	1,907 0 0
Port Maria ..	548 16 7	1,431 13 10	1,980 10 5	9 2 0	1,971 8 5	2,083 0 0
St. Ann's Bay ..	248 15 6	380 17 1	829 12 7	9 19 0	819 13 7	911 0 0
Cave Valley ..	188 13 0	336 17 9	525 10 9	4 13 0	520 17 9	571 0 0
Falmouth ..	250 9 4	696 11 2	947 0 6	16 10 2	930 10 4	976 0 0
Ulster Spring ..	163 6 3	224 1 3	388 3 6	2 16 0	385 7 6	422 0 0
Montego Bay ..	327 1 6	655 15 7	982 17 1	12 0 4	970 16 9	1,112 0 0
Lucea ..	254 10 1	862 10 7	1,117 0 8	46 15 0	1,070 5 8	1,056 0 0
Sav. l.-Mar ..	504 3 10	1,023 2 6	1,527 6 4	52 6 11	1,474 19 5	1,867 0 0
Black River ..	250 16 8	984 17 9	1,235 14 5	67 8 0	1,168 6 5	1,219 0 0
Mandeville ..	285 8 6	769 8 8	1,054 17 2	174 5 2	880 12 0	1,260 0 0
Chapelton ..	380 17 4	765 10 10	1,146 8 2	2 11 0	1,143 17 2	1,412 0 0
Lionel Town ..	350 14 0	1,160 6 1	1,511 0 1	8 11 6	1,502 8 7	1,826 0 0
Spanish Town ..	451 1 3	1,611 1 0	2,062 2 3	1 1 0	2,061 1 3	2,166 0 0
Linstead ..	281 18 6	806 6 7	1,088 5 1	14 6 6	1,073 18 7	1,322 0 0
Dispensers ..	2,836 9 7	..	2,836 9 7	..	2,836 9 7	2,841 0 0
Matrons ..	1,753 8 3	..	1,753 8 3	..	1,753 8 3	1,684 0 0
Instruments ..	..	3 12 1	3 12 1	..	3 12 1	88 0 0
Inland Freight ..	..	351 11 4	351 11 4	..	351 11 4	400 0 0
	42,172 11 1	47,445 3 7	89,617 14 8	2,580 19 0	87,036 15 8	98,845 0 0

* Minus—15/6.

Return showing Annual Cost per occupied bed for the Year ended 31st December, 1926.

	Average No. of beds occupied.	Cost of Staff.	Cost of Dietary.	Total.	Cost per occupied bed per annum.	
					Staff.	Dietary.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Public Hospital ..	314	6,836 12 6	8,119 12 10	14,956 5 4	21 15 5	25 17 2
Jubilee Hospital ..	33	960 5 10	847 9 5	1,807 15 3	29 2 0	25 13 7
Lepers' Home ..	104	703 15 0	1,053 17 7	1,757 12 7	6 15 4	10 2 8
Morant Bay ..	19	483 10 4	201 5 7	684 15 11	25 9 0	10 11 10
Hordley ..	28	586 9 1	386 9 11	972 19 0	20 18 11	13 16 1
Port Antonio ..	52	661 15 3	577 8 1	1,239 3 4	12 14 6	11 2 1
Buff Bay ..	39	778 0 3	458 1 6	1,236 1 9	19 19 0	11 14 11
Annotto Bay ..	47	653 7 10	569 12 7	1,223 0 5	13 18 0	12 2 5
Port Maria ..	54	814 13 3	684 5 10	1,498 19 1	15 1 9	12 13 5
St. Ann's Bay ..	16	511 13 10	206 3 9	717 17 7	31 19 7	12 17 9
Cave Va'ley ..	11	188 13 0	98 1 0	286 14 0	17 3 0	8 18 3
Falmouth ..	21	511 14 4	316 13 8	828 8 0	24 7 4	15 1 8
Ulster Spring ..	6	163 6 3	83 5 5	246 11 8	27 4 4	13 17 7
Montego Bay ..	32	598 6 6	314 14 4	913 0 10	18 14 0	9 16 8
Lucea ..	21	497 18 4	255 3 2	753 1 6	23 14 3	12 3 0
Sav.-la-Mar ..	55	775 8 10	605 0 10	1,380 9 8	14 2 0	11 0 0
Black River ..	43	522 1 8	460 6 0	982 7 8	12 2 10	10 14 1
Mandeville ..	26	556 13 6	394 6 6	951 0 0	21 8 2	15 3 4
Chapelton ..	29	668 9 5	338 18 9	1,057 8 2	23 1 0	13 8 3
Lionel Town ..	46	601 19 0	626 14 8	1,228 13 8	13 1 9	13 12 5
Spanish Town ..	60	703 2 11	804 6 11	1,507 9 10	11 14 4	13 8 2
Linstead ..	33	541 10 2	415 18 1	957 8 3	16 8 2	12 12 1
	1,089	19,319 7 1	17,867 16 5	37,187 3 6	..	..
Asylum ..	1,593	11,151 15 11	18,920 3 11	30,071 19 10	7 0 0	11 17 8

N.B. —Staff does not include Medical Officers' salaries.

Value of Drugs, etc., to the various Institutions from the Island Medical Stores during the year 1926—January 1st to December 31st.

Value of Drugs and Sundries to the Public General Hospital, Lepers' Home and
Medica Districts

..	£3,810 9 3
" Stimulants issued to Public General Hospitals and Lepers' Home ..	89 10 9
" Drugs, etc., issued to Kingston Public Hospital ..	1,733 11 11
" Stimulants issued to Kingston Public Hospital ..	236 13 8
" Drugs issued to Jubilee Hospital ..	109 15 4
" Stimulants issued to Jubilee Hospital ..	3 17 3
" Drugs, etc., issued to Lunatic Asylum ..	397 9 8
" Drugs, etc., issued to Prisons and Reformatories ..	231 19 2
" Drugs, etc., issued to Department of Agriculture ..	9 18 8
" Drugs, etc., issued to Quarantine Board ..	2 8 8
" Drugs, etc., issued to Parochial Boards ..	812 2 1
" Stimulants issued to Kingston and St. Andrew Corporation ..	1 8 0
" Drugs, etc., issued to Constabulary Department ..	61 9 9
" Drugs and Sundries sold ..	260 1 7
" Lymph issued to District Medical Officers ..	869 5 0
" Lymph sold ..	38 5 0
" Drugs, etc., issued to Shortwood College ..	1 7 7
" Stimulants issued to Shortwood College ..	0 6 5
" Drugs, etc., issued to Jamaica Government Railway ..	19 0 2
" Drugs, etc., issued to Hookworm Commission ..	390 19 1
" Drugs, etc., issued to United Fruit Co. ..	2 8 2
" Quinine issued to Post Office for Packets ..	794 2 6
" Drugs issued for fumigation ..	49 1 8
" Chemicals for Jamaica College ..	4 17 10
" Quinine issued to Schools ..	44 9 6
" Quinine issued to Estates ..	8 17 9
" Drugs, etc., issued to V. D. Clinic, Kingston Public Hospital ..	902 2 5
" Drugs issued to Grand Cayman ..	1 8 10
" Sundries issued to Turks Island ..	1 1 7
" Drugs issued to Immigration Department ..	2 11 6
	£10,890 19 9

During the year there were two Examinations held, one under Law 34 of 1894 and the other under Law 20 of 1926, The Sale of Drugs and Poisons Law, at which seventeen candidates presented themselves, including eight from the Public Hospital. In all ten candidates, including six from the Public Hospital satisfied the examiners and were granted licenses.

Statement of Diseases in Public General Hospitals.

Disease.	Cases.	Deaths.	Disease.	Cases.	Deaths.
I. Infective Diseases:—			II. General Diseases:—		
Chicken Pox.. ..	3	..	Anaemia	24	1
Cholera Nostras ..	2	..	Diabetes	15	5
Diphtheria	3	..	Pellagra	11	..
Dysentery.—			Rheumatic Fever ..	99	..
(a) Unclassified ..	29	14	Rheumatism, Chronic	47	..
(b) Amoebic	302	2	Tumours	176	15
(c) Bacillary	6	..	Diseases of the Ductless Glands	7	1
Enteric Fever	393	101	Other Diseases	6	2
Gonorrhoea	526	5	III. Diseases of the Nervous System	179	18
Influenza	11	..	IV. Diseases of the Eye	193	1
Leprosy	2	..	V. Diseases of the Ear and Naso-pharynx	24	4
Malaria:—			VI. Diseases of the Circulatory System	328	43
Unclassified	544	18	VII. Diseases of the Respiratory System	415	76
Tertian	854	15	VIII. Diseases of the Digestive System	840	64
Quartan	159	3	IX. Diseases of the Generative System.—		
Sub-tertian	172	4	Male organs	136	2
Chronic	17	..	Female organs	651	29
Blackwater Fever ..	4	1	X. Diseases of the Bones and Organs of Locomotion ..	245	4
Small Pox—Alastrim ..	3	..	XI. Diseases of the connective tissue	..	..
Measles	18	..	XII. Diseases of the skin and cellular tissues	1,228	22
Mumps	1	..	XIII. Diseases of the Urinary system	697	60
Septicaemia	4	2	XIV. Malformations	5	..
Syphilis:—			XV. Poisons	12	..
Unclassified	91	..	XVI. Parasites	119	3
Primary	153	1	XVII. Diseases of early infancy	7	4
Secondary	81	..	XVIII. Old age	9	1
Tertiary	27	10	XIX. Affections produced by external causes	1,820	60
Congenital	30	2	XX. Ill-defined diseases	24	3
Meningitis	2	1	XXI. Other Diseases	89	..
Tetanus	24	12		10,849	639
Tuberculosis:—					
Pulmonary	74	18			
Other forms	64	10			
Whooping Cough	1	..			
Yaws	55	1			
			Death rate 5.89%		

Pathological Laboratory,
Public Hospital, Kingston,
31st March, 1927.

Sir,

I beg to submit Statistical Report of the work carried out at the Laboratory during the year ending 31st December, 1926.

I assumed duty towards the end of the period embraced in the Report.

I have, etc ,

G. M. HARGREAVES,
Government Bacteriologist.

The Hon. S.M.O.,
Island Medical Office,
Kingston.

TABLE 1.—Details of specimens dealt with at the Laboratory, January to December, 1926.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total No. Examinations.
Widal Reactions ..	97	54	47	57	49	67	50	64	67	74	102	100	828
Blood smears ..	44	21	14	25	9	7	11	5	6	11	17	12	182
Blood counts ..	..	..	..	..	3	3	..	6	1	6	6	9	34
Blood cultures ..	..	..	..	..	1	..	..	..	1	2	2	3	9
Chemical analyses of blood ..	..	..	..	..	3	3	1	..	1	1	1	1	11
Agglutination tests for Dysentery ..	..	..	..	..	..	..	..	..	..	..	6	3	9
Wassermann Reactions ..	430	394	419	301	247	360	248	229	338	320	211	241	3,738
Faeces-Helminthiasis ..	83	42	51	32	54	74	40	32	60	38	42	40	588
Faeces-Culture ..	..	..	..	..	1	1	10	14	..	4	1	10	41
Faeces-Occult blood ..	..	..	..	..	2	1	..	..	1	1	3	5	13
Faeces-Protozoa ..	..	1	4	..	1	..	2	..	2	12	3	14	39
Cerebro-spinal fluids ..	..	..	..	..	3	3	1	1	3	2	2	1	16
Ascitic Fluids ..	..	..	..	..	2	..	1	..	1	2	1	1	8
Pus smears ..	2	2	5	11	7	8	9	5	5	11	6	13	84
Sputa for Tubercle Bacillus ..	25	24	19	37	23	36	30	18	24	26	31	33	326
Urines ..	67	46	107	85	114	117	111	139	148	118	114	112	1,278
Throat swabs ..	..	..	..	..	1	..	1	..	..	..	3	..	5
Urea in urines ..	..	..	..	..	..	3	..	..	..	..	1	..	4
Blood stains for Police ..	..	..	..	..	..	16	9	8	..	..	..	..	33
Leprosy ..	..	..	..	..	..	4	2	..	..	..	2	..	8
Filaria ..	..	..	..	..	..	2	1	..	1	..	..	..	4
Waters, Bacteriological examination of ..	8	3	9	10	10	3	11	8	5	6	7	7	87
Tissues, section ..	7	3	7	13	3	7	5	5	1	8	5	9	73
Post-Mortem examinations ..	5	7	6	5	13	1	7	5	6	6	6	14	81
Total ..	768	597	688	576	546	716	550	539	671	648	572	628	7,499

TABLE 2.—Result of Bloods examined by the Widal Reaction, January to December, 1926.

Month.	Positive.	Negative.	Doubtful.	Total Each Month.
January ..	38	44	15	97
February ..	22	25	7	54
March ..	11	36	..	47
April ..	14	42	1	57
May ..	19	27	3	49
June ..	24	35	8	67
July ..	15	31	4	50
August ..	16	44	4	64
September ..	28	36	3	67
October ..	34	38	2	74
November ..	30	56	16	102
December ..	31	62	7	100
Total	282	476	70	828
	34.0%	57.6%	8.4%	

TABLE 3.—Result of Examination of fæces for Helminthiasis, January to December, 1926.

Month.	Ankylostoma.	Ascaris.	Trichocephalus.	All Three.	Ankylostoma Ascaris.	Trichocephalus Ankylostoma.	Trichocephalus Ascaris.	No ova present.	Total.
January ..	16	3	11	..	2	7	1	43	83
February ..	7	1	..	2	2	5	..	25	42
March ..	9	..	8	3	..	3	..	28	51
April ..	5	1	3	2	..	2	2	17	32
May ..	13	1	6	1	1	17	..	15	54
June ..	14	2	3	3	1	6	..	45	74
July ..	6	..	3	1	1	2	..	27	40
August ..	3	..	2	1	..	..	1	25	32
September ..	5	1	4	3	..	14	..	33	60
October ..	4	..	10	..	..	6	2	16	38
November ..	7	3	5	..	..	4	..	23	42
December ..	1	..	10	..	..	1	..	28	40
Total ..	90	12	65	16	7	67	6	325	588
	15.30%	2.04%	11.05%	2.72%	1.19%	11.39%	1.02%	55.29%	

TABLE 4.—Result of Sera examined by the Wassermann Reaction, January to December, 1926.

Month.	Positive.	Negative.	Doubtful.	Total Each Month.
January ..	225	102	103	430
February ..	187	130	77	394
March ..	241	160	18	419
April ..	215	72	14	301
May ..	161	42	44	247
June ..	207	121	32	360
July ..	104	139	5	248
August ..	97	109	23	229
September ..	138	154	46	338
October ..	141	130	49	320
November ..	88	105	18	212
December ..	110	104	27	241
Total ..	1,914	1,368	456	3,738
	51.2%	36.6%	12.2%	

Kingston Male Prison,
31st December, 1926.

The Acting Director of Prisons.

Sir,

I have the honour to forward herewith the usual Returns and Statistics relative to the Medical History of this Prison for the year ending 31st December, 1926.

There were 1,354 prisoners admitted during the year, 652 males and 702 females, of whom 36 males and 9 females were in feeble health.

There were 1,462 prisoners discharged during the year, 741 males and 721 females, of whom 3 males and 5 females were in feeble health. 21 deaths occurred during the same period—18 males and 3 females.

23 Officers were admitted to Officers' Hospital for treatment, one died and 22 discharged cured.

Dr. G. S. Escoffery was appointed Surgeon on 1st November, 1926, vice Dr. M. Grabham (resigned).

During the quelling of the general disturbances which occurred among the prisoners in August and September, 1926, one prisoner was shot dead, and 22 were seriously injured, of these 4 subsequently died. Five officers were injured.

The sanitary condition of the Prison was found by a special Commission of Enquiry to be very primitive. This is probably the reason for the 88 cases of colitis and dysentery which occurred during the year. Colitis is always present.

A large percentage of prisoners suffer from defective, deficient and infected teeth. The services of a qualified dentist would do much to improve the general health of the prisoners.

GEO. S. ESCOFFERY,
Surgeon.

Return of Deaths, Kingston Male Prison, year ending 31st December, 1926.

No.	Name.	Sentence.	Age.	Colour.	Sex.	Whence came.	Date of admission in Prison.	State of health on admission.	Date placed under treatment.	Date of Death.	Cause of Death.
1	Joseph Tait	1 Year	29 Years	Black	Male	Kingston	23.6.25	In health	11.8.25	31.1.26	Pulmonary Tuberculosis
2	Ethel Henry	1 "	40 "	"	Female	"	21.11.25	Feeble	8.1.26	15.3.26	Pellagra
3	Thomas Williams	7 Years	48 "	"	Male	St. James	17.10.24	"	—	9.4.26	Heart Disease
4	Vera Peart	$\frac{1}{2}$ Year	35 "	"	Female	Clarendon	4.12.25	In health	8.12.25	17.5.26	Bright's Disease
5	James Campbell	5 Years	38 "	"	Male	St. Catherine	18.1.22	"	17.5.26	19.5.26	Paralysis
6	Samuel Phillips	1 Year	34 "	"	"	Portland	14.11.25	"	24.6.26	4.7.26	Malarial Fever
7	Edna Mowatt	$\frac{1}{4}$ "	22 "	"	Female	Manchester	23.4.26	"	24.7.26	5.8.26	Enteric Fever
8	Richard Ferguson	Preventive Detention	37 "	"	Male	Westmoreland	10.10.19	Feeble	29.1.26	9.8.26	Pulmonary Tuberculosis
9	Arnold Jones	do	36 "	"	"	St. James	13.2.20	In health	9.3.26	23.8.26	Colitis
10	Dougall Russell	6 Years	39 "	Brown	"	St. Thomas	30.6.23	"	3.9.26	3.9.26	Gun Shot Wounds
11	Cecil Haughton	1 Year	26 "	Black	"	Hanover	19.2.26	"	3.9.26	3.9.26	"
12	Enoch Darrell	Life	40 "	"	"	Westmoreland	3.3.08	"	28.11.25	4.9.26	Colitis
13	Ralph Walker	6 Years	23 "	"	"	"	23.10.25	"	3.9.26	4.9.26	Gun Shot Wounds
14	Harold McIntosh	$\frac{1}{2}$ Year	21 "	"	"	St. Catherine	2.7.26	"	3.9.26	8.9.26	"
15	Joseph Watt	4 Years	26 "	"	"	"	20.5.24	"	1.5.25	15.9.26	Neuritis
16	Jonathan Gardner	2 "	46 "	"	"	Clarendon	1.1.26	"	3.9.26	19.9.26	Tetanus due to Gun Shot Wounds
17	Peter Lewis	1 Year	36 "	"	"	Kingston	22.3.26	Feeble	3.9.26	29.9.26	Pulmonary Tuberculosis
18	Luther Loney	1 "	28 "	"	"	Manchester	1.5.25	"	17.5.25	28.10.26	Pellagra
19	Wilfred Clarke	1 "	27 "	"	"	St. Catherine	28.10.25	"	29.10.25	29.10.26	Septicaemia
20	Ivan Langrin	4 Years	25 "	"	"	Kingston	13.5.26	"	29.5.26	7.11.26	Pulmonary Tuberculosis
21	Charles Allen	1 Year	24 "	"	"	St. Elizabeth	15.10.26	"	5.11.26	12.11.26	Pernicious Anaemia

Return showing proportion of sickness treated within and outside the Hospital to the number of prisoners, male and female, year ending 31st December, 1926.

	Males.	Females.	Total.
Daily average number in custody	649	87	736
Greatest number in custody any one day	726	116	842
Daily average number of sick in Hospital	49	3	52
Greatest number of sick in Hospital in any one day	75	6	81
Daily average number of sick treated outside of Hospital	203	4	207
Greatest number of sick treated outside of Hospital on any one day	226	6	232

Return of Cases treated in the Hospital for the year ending 31st December, 1926.

Diseases.	Males.	Females.	Total.
General Diseases—			
Debility	27	2	29
Enlarged Gland	1	..	1
Anaemia	5	1	6
Infective Diseases—			
Fever (ephemeral)	233	13	246
Enteric Fever	6	1	7
Malarial Fever	10	1	11
Syphilis	5	..	5
Influenza	1	..	1
Ankylostomiasis	1	..	1
Yaws	3	..	3
Diseases of the Respiratory System—			
Asthma	22	1	23
Pulmonary Tuberculosis	2	3	5
Bronchitis .. ..	..	1	1
Pleurisy & effusion	4	..	4
Catarrh	3	..	3
Diseases of the Circulatory System.—			
Ulyocarditis	3	..	3
Diseases of the Digestive System—			
Colitis	62	6	68
Gastritis	2	8	10
Haemorrhoida	1	..	1
Constipation .. ..	..	1	1
Dysentery	20	..	20
Strangulated Hernia	1	..	1
Dyspepsia	3	2	5
Jaundice	2	..	2
Diseases of the Genito-Urinary System—			
Phymosis	1	..	1
Albuminaria	1	1	2
Chancre	14	..	14
Gonorrhoea	5	..	5
Gonorrhoea Warts	1	..	1
Orchitis	4	..	4
Cystitis .. ..	..	1	1
Diseases of the Nervous System:—			
Neuritis	5	..	5
Alleged Lunacy	11	..	11
Paralysis	2	..	2
Epilepsy	10	..	10
Neuralgia	1	..	1
Diseases of the Connective and Muscular System:—			
Rheumatism	34	4	38
Bubo	13	..	13
Whitlow	10	..	10
Abscess	46	2	48
Boils	45	..	45
Lumbago	1	..	1
Diseases of the Organs of Special Sense—			
Iritis	21	..	21
Ophthalmia	5	1	6
Otitis	3	..	3
Diseases of the Skin—			
Eczema	22	2	24
Ulcer	30	3	33
Ringworm	10	1	11
Pellagra	7	1	8

Return of Cases treated in the Hospital for the year ending 31st December, 1926—*continued*.

	Males.	Females	Total
Injuries and Wounds—			
Lacerated wounds	113	..	113
Contused wounds	3	..	3
Contusions	7	1	8
Punctured wounds	1	1	2
Burns	5	..	5
Sprained hand	8	..	8
Sprained ankle	4	..	4
Sprained shoulder	1	..	1
Sprained arm	1	..	1
Sprained foot	5	..	5
Gun Shot wounds	20	..	20
Sprained knee	1	..	1
Bruises .. ..	..	1	1
Incised wound .. ..	..	1	1
Diseases of the Glandular System—			
Tonsillitis	1	..	1
Syphilis of the Thyroid .. ..	..	2	2
Tuberculous Adenitis	1	..	1
Child Birth .. ..	..	3	3
Total	890	65	955

General Medical Statistics, Kingston Male and Female Prisons, year ending 31st December, 1926.

	Males.	Females.	Total.
Number in Custody on 1st January, 1926	725	90	815
Received during the year	652	702	1,354
Daily average number in Custody	649	87	736
Removed from Prison on Medical Grounds .. ..	..	..	..
Deaths	18	3	21
Removed to Lunatic Asylum	3	1	4

Spanish Town Prison,
31st January, 1927.

Acting Director of Prisons, Kingston.

I beg to forward herewith the Returns and Statistics relative to the medical work done at the Spanish Town Prison for the year ending 31st December, 1926.

State of Prison—The matter of providing for efficient disposal of sewage from this Institution as recommended by me in the last Annual Report, received some attention from the Authorities during the year. The out-break of 17 cases of Typhoid Fever during August and September, called for special investigation by the Central Board of Health—Nothing tangible, however, has yet been done. In the meanwhile, the attendant evils have been mitigated by carrying out immediate burial of excreta into trenches just outside the Prison Compound, and so doing away with the so-called Sanitary Cart that was always a nuisance.

Health of Prisoners—There were 697 cases treated in Hospital during the year; of these, the greatest number happened to be malarial cases, 373 in all. The screening of the Hospital and proper drainage of the Prison Farm would go far towards diminishing the incidence of this disease—The mortality per 1,000 based on the daily average number in custody was 17.59 as compared with 24.74 for 1925.

Recommendations (1) That some system be introduced for properly disposing of sewage from this Institution.

(2) That the Prison Hospital and Quarters occupied by the Prison Staff be screened against mosquitoes. The Quarters along Burke Road are notoriously unhealthy, the officers and members of their families going down time and again with severe malarial infection.

(3) That electric lights be installed in the Prison, especially in the Dispensary and Prison Hospital.

(4) That the building set apart as a Hospital for Prisoners undergoing Preventive Detention be equipped for receiving those who are ill, as soon as possible; as it is very unsatisfactory having to attend the sick at that section of the Prison under present conditions.

(5) That some system be devised for purifying the drinking water for prisoners' use. Boiling under present conditions, has been found to be unsatisfactory and expensive, I suggest that chemical treatment of the water may be carried out instead.

Improvements—No improvements whatever have been carried out during the year under review.

H. H. BLAIR,
Surgeon Spanish Town Prison.

SPANISH TOWN PRISON.

Return showing the following for year ending 31st December, 1926.

	Total.
(a) (1) Mortality from Execution, 3 2) From Natural Causes 9 ..	12
(b) Insanity	Nil.
(c) Removal on medical ground	Nil.
(d) Suicide	Nil.
(e) Cases treated among Prisoners in Hospital	697
(f) Number in custody, 31.12.26	491
(g) Received during 1926	3,003
(h) Daily average in Custody during 1926	507
(i) Death per 1,000 persons calculated on the daily average in Custody ..	17,591
(j) Cases treated in Prison during 1926	1,851
(k) Greatest number in Custody any one day	562
(l) Discharged during the year 1926	4,935
(m) Number of Officers treated in the Prison Officers' Hospital during 1926 ..	68
(n) Number of Prisoners received in feeble health during 1926	39
(o) Number of Prisoners discharged in feeble health during 1926	37
(p) Daily average of sick in Hospital during 1926	18,531
(q) Daily average of sick treated outside Hospital during 1926	492
(r) Greatest number of sick treated outside Hospital any one day during 1926	96
(s) Greatest number of sick in Hospital any one day during 1926	28
(t) Number of cases treated outside Hospital during 1926	1,154

H. H. BLAIR,
Surgeon, Spanish Town Prison.

SPANISH TOWN PRISON.

Return showing cases treated in Hospital for year ending 31st December, 1926.

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Enteric Fever	1	1	3	1	..	..	..	8	9	2	1	..	26
Malarial Fever	41	29	48	38	19	20	34	18	25	35	24	42	373
<i>Respiratory System:—</i>													
Phthisis	1	..	1	2	4	1	..	..	1	1	1	1	13
Asthma	1	1	..	1	3	..	..	2	2	1	2	..	13
Bronchitis .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	1
Pneumonia .. .. .	..	..	..	..	..	1	1	..	..	..	..	..	2
<i>Connective Tissue:—</i>													
Ulcers	2	2	3	2	8	6	5	3	3	7	5	2	48
Abscesses	3	1	1	2	1	2	1	3	1	1	1	4	21
Furuncle .. .. .	..	..	..	..	1	..	..	..	..	..	..	1	2
<i>Digestive System:—</i>													
Hepatic Cirrhosis	1	..	..	..	..	..	..	..	..	..	..	..	1
Inguinal Hernia .. .. .	..	1	..	1	1	..	..	..	..	..	..	..	3
Haemorrhoids .. .. .	..	1	1	..	..	1	1	..	..	..	..	..	4
Dysentery .. .. .	..	1	..	..	..	..	..	..	..	2	2	1	6
Diarrhoea .. .. .	..	..	2	..	..	..	1	1	..	2	1	..	7
Colitis .. .. .	..	..	1	3	3	..	..	..	..	..	..	1	8
Gastritis .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
Intestinal Colic .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
<i>Cellular Tissue:—</i>													
Cellulitis	1	1	2	2	..	1	..	1	..	3	1	1	13
<i>Urinary System:—</i>													
Cystitis	2	1	3	..	1	1	1	1	1	1	2	1	15
Nephritis .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	1
Tertiary Syphilis	2	1	1	..	..	..	..	1	1	1	1	..	8
<i>Lymphatic System:—</i>													
Inguinal Adenitis	1	2	..	..	..	..	..	..	..	1	..	..	4
Bubo .. .. .	..	..	..	1	2	1	1	..	1	..	..	1	7

SPANISH TOWN PRISON.

Return of Cases treated in Hospital for year ending 31st December, 1926—*Continued.*

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
<i>Circulatory System:—</i>													
Tachycardia ..	1	..	..	..	..	..	..	..	..	..	..	..	1
Mitral Regurgitation ..	..	..	1	1	1	1	1	..	..	1	..	..	6
Epistaxis ..	..	..	..	..	..	1	1	..	..	..	..	..	2
Chronic Endocarditis ..	..	..	..	..	..	..	1	..	..	..	..	..	1
<i>Bones and Joints:—</i>													
Arthritis ..	1	..	..	..	..	..	..	..	..	1	..	..	2
Chancroid ..	1	2	..	..	..	1	2	1	3	4	2	1	17
<i>Injuries—</i>													
Lacerated wound ..	1	1	1	1	..	1	2	..	..	..	1	1	9
Punctured wound ..	..	..	2	2	1	..	3	1	1	2	4	..	16
Ablasion ..	..	..	..	..	..	1	..	..	..	..	..	..	1
Incised wound ..	..	..	..	..	..	..	1	1	..	..	..	..	2
Contused wound ..	..	..	..	..	..	..	..	..	..	2	1	..	3
Septic wound ..	..	..	..	..	..	..	..	..	..	1	..	..	1
<i>Male Generative Organ:—</i>													
Phimosis ..	1	1	..	1	2	..	..	..	..	..	1	1	7
Urethral Stricture ..	..	..	..	2	1	..	..	..	..	..	..	..	3
Undescended Testicle ..	..	..	..	1	1	..	..	..	..	..	..	..	2
Orchitis ..	..	..	..	1	2	1	..	..	..	..	..	..	4
Hydrocele ..	..	..	..	..	..	1	..	..	..	..	..	..	1
Malingering ..	1	1	..	..	..	..	..	..	..	..	..	..	2
<i>Glandular System:—</i>													
Cervical Adenitis ..	..	1	..	..	..	..	..	..	..	..	..	..	1
Rheumatism ..	..	1	1	..	..	..	..	..	..	..	..	1	3
Debility ..	..	..	1	..	..	..	..	..	..	..	..	1	2
Ankylostomiasis ..	..	..	2	1	..	1	..	1	..	1	..	2	8
Gonorrhoea ..	..	..	..	1	..	1	2	..	..	..	..	..	4
<i>Nervous System:—</i>													
Torticollis ..	..	..	1	..	..	..	..	..	..	..	..	1	2
Epilepsy ..	..	..	..	..	1	..	..	..	..	..	1	1	3
Anaemia ..	..	..	..	..	1	..	..	..	..	1	1	1	4
Crab Yaws ..	..	..	..	..	1	2	..	..	1	..	1	..	5
<i>Acute Infectious Disease:—</i>													
Measles ..	..	..	..	..	..	1	..	2	1	..	..	..	4
<i>Diseases of Eye:—</i>													
Gon. Ophthalmia ..	..	..	..	..	..	..	..	..	..	1	..	..	1
Conjunctivitis ..	..	..	..	..	..	..	..	..	..	..	1	1	2
Total ..	62	49	76	64	56	47	58	44	50	71	54	66	697

H. H. BLAIR,
Surgeon, Spanish Town Prison.

SPANISH TOWN PRISON.

Return showing cases treated outside Hospital for year ending 31st December, 1926.

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Malarial Fever	6	2	1	..	3	2	7	12	11	5	12	9	70
<i>Connective Tissue:—</i>													
Ulcers	9	4	7	11	8	8	8	6	5	7	8	16	97
Abscesses	4	3	3	7	6	12	7	5	3	9	7	4	70
Boil .. ..	..	..	..	..	2	..	..	..	..	..	..	1	3
<i>Diseases of Skin:—</i>													
Itch	1	1	1	2	..	..	..	..	2	1	..	1	9
Eczema .. ..	..	..	..	..	..	1	..	1	..	..	..	..	2
Ringworm .. ..	..	..	..	..	..	..	..	2	..	1	1	..	4
Debility	32	19	30	29	15	13	25	7	20	27	24	28	269
Bones and Joints .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arthritis	1	..	..	..	..	..	..	..	..	..	..	..	1
Crippled fingers	1	..	..	..	..	..	..	..	..	..	..	..	1
Crippled hand	1	..	..	..	..	..	..	..	..	..	..	..	1
<i>Digestive System:—</i>													
Dental Caries	5	10	18	20	10	10	11	18	9	15	25	19	170
Intestinal Colic	1	..	..	..	..	..	..	..	..	..	..	..	1
Inguinal Hernia	3	4	1	1	1	4	..	1	..	3	2	1	21
Indigestion	1	..	1	..	3	..	1	..	1	..	4	2	13
Enteralgia	1	..	..	2	1	..	2	..	..	..	3	3	12
Sore Throat .. ..	..	1	..	..	..	..	..	..	..	..	..	..	1
Diarrhoea .. ..	..	2	..	4	6	6	3	4	3	8	2	3	41
Dysentery .. ..	..	..	1	..	..	..	..	..	..	..	..	..	1
Haemorrhoid .. ..	..	..	..	1	..	..	..	..	..	..	..	..	1
Constipation .. ..	..	..	..	..	..	2	..	..	..	..	32	1	35
Billiousness .. ..	..	..	..	..	..	..	..	..	..	..	2	4	6
Colitis .. ..	..	..	..	..	..	..	..	..	..	..	3	..	3
Gonorrhoea	8	4	2	5	5	7	2	3	4	3	6	5	54
Chancroid	2	4	3	1	..	1	3	..	3	2	1	1	21
<i>Respiratory System:—</i>													
Asthma	1	..	2	..	..	..	..	1	..	..	..	..	4
Phthisis	2	..	..	..	..	..	..	..	..	..	..	..	2
Bronchitis .. ..	..	..	1	..	..	..	..	..	..	..	12	1	14
<i>Lymphatic System:—</i>													
Bubo	2	..	..	..	1	2	2	2	3	1	2	1	16
<i>Injuries:—</i>													
Contused wound	2	1	..	..	..	..	2	1	..	2	..	..	8
Incised wound	2	..	..	1	1	1	1	..	3	1	1	..	11
Lacerated wound	4	2	4	2	..	2	2	2	2	1	1	2	24
Punctured wound	2	1	3	..	1	..	6	2	1	3	..	1	20
Contusion .. ..	..	1	2	..	1	..	..	..	..	..	..	..	4
Sprained wrist .. ..	..	1	..	..	..	..	..	..	..	..	..	..	1
Abrasion .. ..	..	..	6	1	1	1	..	..	..	..	2	..	11
Scald hand .. ..	..	..	..	..	1	..	..	..	..	..	..	..	1
Sprained finger .. ..	..	..	..	..	..	1	..	..	..	..	..	..	1
Fracture .. ..	..	..	..	..	..	1	..	..	..	..	..	..	1
Septic wound .. ..	..	..	..	..	..	..	..	..	2	..	1	..	3
Sprained ankle .. ..	..	..	..	..	..	..	..	..	1	..	..	..	1
Sprained knee .. ..	..	..	..	..	..	..	..	..	..	1	..	..	1
<i>Glandular System:—</i>													
Mumps .. ..	..	1	..	2	..	..	..	..	..	..	1	..	4
Cervical Adenitis .. ..	..	1	..	..	..	..	1	..	..	..	..	..	2
Tonsillitis .. ..	..	..	..	1	..	..	..	..	..	..	..	..	1
Rheumatism .. ..	..	2	1	..	1	2	..	2	2	..	5	3	18
<i>Diseases of Eye:—</i>													
Blepharitis .. ..	..	..	1	..	..	..	..	..	..	..	..	..	1
Conjunctivitis .. ..	..	..	..	1	2	..	..	..	1	..	..	1	5
<i>Acute Infectious Diseases:—</i>													
Kaffir Pox .. ..	..	..	1	1	..	..	..	..	..	..	..	..	2
Chicken Pox .. ..	..	..	..	..	..	..	1	1	..	1	..	..	3
Measles .. ..	..	..	..	..	..	..	..	4	..	..	..	..	4

SPANISH TOWN PRISON.

Return showing cases treated outside Hospital for year ending 31st December, 1926—*continued*.

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total
<i>Muscular System:—</i>													
Lumbago ..	..	..	2	..	..	..	..	..	..	..	..	4	6
<i>Disease of Brain:—</i>													
Mental Disorder ..	..	..	1	..	..	..	..	..	..	..	..	..	1
<i>Diseases of Ear:—</i>													
Otitis ..	..	..	..	1	..	..	..	..	..	..	2	1	4
Earache ..	..	..	..	..	..	..	..	..	..	..	1	..	1
<i>Male Generative Organ:—</i>													
Warts Penis ..	..	..	..	1	..	..	..	..	..	..	..	..	1
Urethral Fistula ..	..	..	..	..	..	..	..	1	..	..	..	..	1
Orchitis ..	..	..	..	..	..	..	..	..	2	..	..	..	2
Para Phimosis ..	..	..	..	..	..	..	..	..	..	..	1	..	1
Malingering ..	..	..	..	3	..	1	..	..	..	..	..	..	4
<i>Circulatory System:—</i>													
Jaundice ..	..	..	..	..	1	..	..	..	..	..	..	..	1
Epistaxis ..	..	..	..	..	..	2	..	..	..	..	..	..	2
Varicose Veins ..	..	..	..	..	..	1	1	..	..	..	2	..	4
Tachycardia ..	..	..	..	..	..	..	..	..	..	..	..	1	1
<i>Nervous System:—</i>													
Neuralgia ..	..	..	..	..	1	..	..	..	..	..	..	..	1
Neuritis ..	..	..	..	..	1	1	1	..	..	..	2	..	5
Epilepsy ..	..	..	..	..	..	1	..	2	1	..	..	..	4
Paresis ..	..	..	..	..	..	..	..	..	1	..	..	1	2
Headache ..	..	..	..	..	..	..	..	..	..	..	..	1	1
<i>Cellular Tissue:—</i>													
Cellulitis ..	..	..	..	..	..	1	..	..	..	1	1	..	3
Crab Yaws ..	..	..	..	..	1	..	..	..	1	..	..	..	2
Tertiary Syphilis ..	..	..	..	..	..	..	2	1	..	3	..	..	6
Chigoes ..	..	..	..	..	..	..	..	1	..	..	..	..	1
Anaemia ..	..	..	..	..	..	..	..	..	..	2	..	..	2
<i>Urinary System:—</i>													
Cystitis ..	..	..	..	..	..	..	..	..	..	..	3	..	3
Ankylostomiasis ..	..	..	..	..	..	..	..	..	..	..	4	1	5
Total ..	91	64	92	97	73	83	88	79	81	97	193	116	1,154

H. H. BLAIR,
Surgeon, Spanish Town Prison.

Office Quarantine Board,
14th March, 1927.

The Chairman and Members Quarantine Board.

I beg to report to you on the working of the Quarantine Service for the year 1926.

2. The year has been an uneventful one and has entailed mostly routine work.

3. All vessels arriving in Jamaica and coming alongside a wharf have been systematically and thoroughly ratguarded and all the other precautions of the Quarantine Board have been rigidly carried out.

4. There was an outbreak of Small Pox at Tampa in January which rapidly spread over the State of Florida. Prompt measures were taken for its eradication but in spite of all efforts cases are still occurring.

This was a very difficult problem to handle on account of the Tourists coming from Florida through Cuba to Jamaica, a matter of a few days only. The greatest vigilance was exercised at Port Royal and no cases were detected. Vaccination could not be called for, neither could we do it here, as Tourists are not prepared to come to countries which vaccinate them. They prefer to stay away.

5. There were cases of Alastrim in Cayenne and Trinidad but it did not spread, and was soon eradicated. Both places were met by the vaccination requirements of the Board.

6. The surrounding islands on account of the large number of Jamaicans going and returning each week have long been a source of anxiety.

This has been in a great measure removed. All Jamaicans leaving here for certain countries after April 1, 1926, on their return must show either a certificate of successful vaccination certified by the Quarantine Board or marks of recent successful vaccination or else be vaccinated here and detained at the Quarantine Station until it has taken. The same applies to all aliens of whatever nationality. The Regulation while of great benefit to the public, at times works a hardship, especially on foreigners who have come here for a short period only. They therefore are offered the alternative of vaccination and to report daily for 6 days or until it has taken, at the office of the Quarantine Board. A deposit of \$30 is exacted as a guarantee that the person concerned will report. The money is returned as soon as the reporting is completed.

The Regulation is now working quite satisfactorily and will prevent the introduction of further cases and also assist to eradicate the disease in the Island.

7. Yellow Fever is prevalent in several countries but no vessel has arrived here from those places within the quarantinable period for the disease.

8. Plague.—There were two non-imported cases at Liverpool in September, but no plague rats were found.

The persons affected were working at a dock $3\frac{1}{2}$ miles away from where the vessels coming to Jamaica dock, a public park also intervening so that no restrictions were applied to the vessels after the docking information had been received.

9. Dr. B. M. Wilson, M.D., D.P.H., was appointed Chairman of the Quarantine Board in succession to the late Dr. E. L. Hunt.

10. The Senior Sanitary Medical Officer was appointed a member of the Board in March in the place of the Senior Military Medical Officer.

11. Leave of absence was granted during the year to Dr. Strathairn, Captain Owen, Captain Lindsay, Dr. Williams and the Secretary of the Board.

12. There were a few prosecutions during the year for breaches of the Quarantine Law. In one instance the Captain was fined £50 for giving incorrect information to the Health Officer.

13. The Board suffered a loss in the person of Mr. H. A. Hamilton who died in July. Mr. Hamilton carried on the duties of Secretary in my absence and was a most painstaking and conscientious officer.

14. The Clayton Fumigator has not been used for some time now; fumigations are performed either by burning sulphur in pots or by Cyanide Chloride.

The Clayton therefore has been removed from the Lighter and stored at the Railway, the Lighter being handed over to the Penitentiary for use there.

15. Four persons were detained at the Quarantine Station during the year.

16. The Quarantine Station is in excellent condition, thoroughly equipped and ready to receive any class of persons at a moment's notice.

The Disinfector is in good working order. There were no disinfections during the year.

17. 25 vessels were fumigated during the year and fees amounting to £113 8s. 0d. collected and deposited in the Treasury.

CHARLES DON,
Secretary Quarantine Board.

Public Hospital, Kingston,
May 16th, 1927.

Sir,

I have the honour to place before you the Annual Report and Returns of the Medical and Surgical cases treated in this Hospital during the calendar year ended December 31st, 1926.

Tables I. and II show the number treated as in-door patients during the year with results. The total number being 5,533, of which number 305 were still in Hospital at the end of the year.

The total number of deaths from all causes was 498, viz., 276 males and 222 females. The average number of beds occupied daily amounted to 312.37—males 183.78; females 128.29.

Table III. gives the number of deaths occurring within 12-24-48 and 72 hours after admission.

The death rate for the year from all causes was 9.00%.

Table IV. gives the number of Medical cases treated during the year with results.

The most noteworthy were:—

- (1) Malaria, 254 cases with 8 deaths.
- (2) Enteric Fever, 397 cases with 63 deaths.
- (3) Dysentery, 54 cases with 6 deaths.
- (4) Pulmonary Tuberculosis, 102 cases with 33 deaths.
- (5) Syphilis, 657 cases with 85 deaths.
- (6) Gonorrhoea and sequelæ, 499 cases with 11 deaths.
- (7) Pneumonia, 197 cases with 38 deaths.

1,510 surgical operations were performed under general anæsthetics with 44 deaths and the death rate works out at 2.091%.

Table V. shows the number of prescriptions dispensed for Out-patients, Constabulary and Maternity Hospital, as also minor operations performed and out-patients treated.

Lectures and classes for Senior and Junior Nurses have been conducted regularly.

19 nurses passed the Final Examination and were granted certificates.

The Official Board of Visitors have as usual visited regularly during the year.

I have to thank those who during the year, have sent us books, magazines, flowers, etc.

In conclusion, I have to report that I have received valuable and loyal assistance from all who are associated with me in the work of the Hospital.

I have the honour to be, etc.

G. H. K. Ross,
Senior Medical Officer.

The Suptg. Medical Officer,
Kingston.

Public Hospital, Kingston, year 1926.

TABLE I.

	Males.	Females.	Total.
Patients remaining in Hospital 1st January, 1926 ..	201	115	316
Patients admitted during the year 1926 ..	3,105	2,112	5,217
	<u>3,306</u>	<u>2,227</u>	<u>5,533</u>
Of these were cured	1,739	1,293	3,032
Of these were relieved	933	463	1,396
Of these were not relieved	167	135	302
Of these died	276	222	498
Remaining in Hospital, December 31st, 1926 ..	191	114	305
	<u>3,306</u>	<u>2,227</u>	<u>5,533</u>

TABLE II.

Daily average number of beds occupied by male patients ..	183.78
Daily average number of beds occupied by female patients ..	128.59
Average stay in days of those who died, males ..	17.
Average stay in days of those who died, females ..	16.7
Average stay in days of males discharged ..	37.62
Average stay in days of females discharged ..	36.88
Average stay in days of males remaining at end of year ..	25.97
Average stay in days of females remaining at end of year ..	20.2
Longest stay of any one patient in Hospital ..	462 days.

TABLE III.

Patients who have died within the following hours after admission:—

	12 hours.	24 hours.	48 hours.	72 hours.
Males ..	26	27	29	23
Females ..	21	19	18	22
	47	46	47	45

TABLE IV.

Disease.	Cases.	Deaths.	Disease.	Cases.	Deaths.
Infective Diseases:—			Rheumatic Fever ..	11	5
Chicken Pox ..	18	..	Chronic Rheumatism ..	83	4
Diphtheria ..	2	1	Tumours, Benign ..	85	..
Dysentery-Amoebic ..	39	4	" Malignant ..	29	8
" Bacillary ..	15	2	Diseases of the Nervous System	119	11
Enteric Fever ..	397	63	" Eye ..	126	..
Erysipelas ..	3	..	" Ear ..	19	2
Gonorrhoea ..	499	11	" Nose and Naso-		
Influenza ..	61	6	pharynx ..	18	..
Leprosy ..	1	..	" Circulatory System	227	37
Malaria ..	254	8	" Respiratory System	308	23
Measles ..	44	..	" Digestive System	401	32
Mumps ..	18	..	" Generative System:—		
Pneumonia ..	197	38	Male organs	197	5
Relapsing Fever ..	..	..	Female organs	89	4
Septicaemia ..	13	5	" Organs of Loco-		
Syphilis, Unclassified ..	106	11	motion	51	5
" Primary ..	101	..	" Connective Tissue	174	11
" Secondary ..	90	..	" Skin ..	78	..
" Tertiary ..	209	31	" Lymphatic System	104	7
" Congenital ..	151	43	" Urinary System	234	27
Tetanus ..	11	4	Injuries ..	371	22
Tuberculosis:—			Malformations ..	10	..
Pulmonary ..	102	33	Poisons ..	6	..
Other forms ..	83	16	Vomiting Sickness ..	..	..
Whooping Cough ..	31	..	Parasites ..	90	..
Yaws ..	..	..	Other Diseases ..	150	7
General Diseases:—			No Disease ..	44	..
Anaemia ..	41	4			
Diabetes ..	22	8			
Alcoholism ..	19	..			
			Total ..	5,533	498
			Death rate 9.00%		

TABLE V

No of Out-patients treated with tickets from authorized persons	1,917
No of Prescriptions for above ..	15,001
No of Casualty patients treated without tickets ..	59,026
No of Prescriptions for above ..	33,602
No of Prescriptions for Constabulary ..	312
No of Minor Operations ..	206

TABLE VI.

Countries.	No.	Countries.	No.
America ..	3	Mexico ..	1
Barbados ..	5	Norway ..	9
Canada ..	4	Panama ..	3
Columbia ..	1	Russia ..	2
Cuba ..	1	Switzerland ..	5
China ..	11	Scotland ..	3
Denmark ..	5	St. Lucia ..	3
England ..	37	St. Vincent ..	1
Germany ..	13	St. Thomas ..	1
Hayti ..	3	Sweden ..	4
Holland ..	3		
India ..	45		5,217
Jamaica ..	5,054		

TABLE VII.

Parish.	No.	Parish.	No.
Kingston	3,928	Westmoreland	3
St. Andrew	1,016	St. Elizabeth	8
Port Royal	22	Manchester	5
St. Thomas	29	Clarendon	17
Portland	9	St. Catherine	32
St. Mary	19	Foreign	63
St. Ann	12		
Trelawny	5		
St. James	7		5,217
Hanover	2		

Dental Laboratory,
Public Hospital, Kingston.

Sir,

I have the honour to submit the following Statistical Return of the work performed in the above Laboratory under my charge during the year ended 31st December, 1926.

There was no special feature which deserves comment.

No. of Patients attended	3,902
No. of Extractions	3,950
No. of Mouth Washes given	231
No. of Treatments	19
No. of Cleanings	7
No. of Minor Operations	66

I have the honour to be,
Sir,

Your obedient servant,

S. C. DePASS, D.D.S.

Lunatic Asylum, Kingston,
31st January, 1927.

Report for the year ending 31st December, 1926.

Superintending Medical Officer,

Sir,

I have the honour to submit the Annual Report of the Jamaica Lunatic Asylum for the 12 months ended 31st December, 1926, with the usual Statistical Tables.

2. On the 31st December, 1926, there were 1,613 patients in the Asylum, whilst on the 31st December, 1925, there were 1,558. The average number resident being 1,593, an increase of 89 on 1925. Total number under treatment, 1,920.

3. *Admissions*—During the year there were 358 admissions, 186 males and 172 females. There were no births.

4. *Discharges*—Recovered 95 males and 75 females, a total of 170. Discharged relieved 6 men and 14 women. One woman discharged not improved. One man and three women escaped, of whom two women were recaptured. One man and one woman still remain at large. Three women were sent on to the Public Hospital for surgical treatment, two of whom were re-admitted after same, one remaining there. The percentage of recoveries calculated on the number of admissions was 47.48.

5. *Deaths*—55 men and 54 women. The number of deaths calculated on average number resident was 6.84. The main cause of death Tuberculosis with Dysentery second.

6. *Buildings*—The new ward on male side (namely, "N" Ward) has been commenced and its completion is anticipated before the end of the financial year. This will to some extent relieve the overcrowding on the male side.

The usual casual repairs have been carried out when requested but there are many parts of the Institution requiring major repairs.

7. Illustrated papers have been received throughout the year for patients. Many persons interested in the Institution contributed towards the Christmas festivities.

8. *Board of Visitors*—Dr. B. M. Wilson, S.M.O., Jamaica, assumed the office of Chairman of the Board and His Excellency the Governor appointed the Very Rev. Francis Kelly, S.J., a member of the Board in place of His Lordship Bishop O'Hare, S.J., whose death I regret to record.

9. The patients were provided with the following forms of entertainment:—

Cricket, Sea-bathing and Concerts.

At Christmas a special entertainment was provided consisting of special dinner, a cricket match, a band, dancing and refreshments, which were much enjoyed.

10. *Visits*.—During the year the Institution was visited by His Excellency the Governor. The S.M.O., Jamaica, paid several visits.

11. *Staff*.—Dr. W. S. Birch relinquished the post of Medical Superintendent on 25th July, 1926. Dr. J. S. Myers, the First Assistant Medical Officer, acted as Medical Superintendent from that date until my arrival in December.

12. Inclusive of a Special Warrant for £135 7s. 6d., the sum passed for maintenance of this Hospital (excluding that for buildings which come under the control of the Public Works Department) was £41,227 7s. 6d., the gross amount spent was £39,229 10s. 6d.

13. I regret that this Report is not very comprehensive but as I only assumed duty as Medical Superintendent and Director on December 6th, 1926, such cannot be otherwise. I may say, however, that the general atmosphere of the Asylum did not impress me favourably. While I expected to find several differences in detail between a Mental Hospital in England and one in the Tropics, I did not expect to find conditions in general so far behind modern Mental Hospital practice, and an atmosphere of a place of incarceration rather than a place for treatment of disease.

14. I observe that there is considerable overcrowding on both male and female sides of the Institution. The new ward on male side will somewhat relieve this, but on the female side new accommodation is even more necessary. Also regarding the wards and all parts of the Institution, it is noticed that there is multiplicity in the type of locks, and that many locks are inefficient.

Another noticeable fact is that there is no Matron.

The Medical Officers are handicapped in their work in having few of the facilities afforded in an up-to-date mental hospital for the modern treatment of the insane.

As regards the treatment of physically ill patients, the Infirmary accommodation is very limited, and no provision is made for the isolation of infectious disorders, especially Dysentery and Tuberculosis.

Private paying patients on the female side are mixed up with the ordinary pauper cases, there being no separate accommodation for them, and on both male and female sides little, if any, discrimination is made as regards dietary in respect of this class of patient.

There is on the female side no place for the Staff to rest during their daily hour off duty and no lavatory accommodation other than that used by the patients. On the male side the Attendants have one very inadequate room for rest and no separate lavatory accommodation.

Some of the Officers' Quarters are in a very bad state of repair.

I do not consider the Fire Appliances adequate and in some wards means of escape are lacking.

15. I cannot close this Report without thanking Dr. J. S. Myers for his great assistance to me, on assuming duty, in all matters relating to the patients and general administration of the Institution, and to Mr. R. R. Wynter, Chief Clerk, for his invaluable help in all matters relating to Finance, Maintenance and Office Routine.

R. W. DALE HEWSON,
Medical Superintendent.

TABLE I—Shewing the actual admissions, re-admissions, discharges and deaths during the Calendar Year ended 31st December, 1926.

	Males.	Females.	Total.	Males.	Females.	Total.
In Asylum 1st January, 1926 ..	..	..	..	780	778	1,558
Cases admitted—						
First admissions ..	128	133	261	..	..	..
Not first admissions ..	58	39	97	..	..	..
Captured ..	..	2	2	..	..	..
Returned from Public Hospital ..	..	2	2	..	..	..
Total cases admitted during the year ..	..	..	..	186	176	362
Total cases under care during the year ..	..	..	..	566	954	1,920
Cases discharged— ..						
Recovered	95	75	170			
Relieved	6	14	20			
Not improved .. ..	..	1	1			
Escaped	1	3	4			
Died	55	54	109			
Sent to Public Hospital for surgical treatment ..	..	3	3			
Total discharged and died during the year .. ..	..	..	..	157	150	307
Remaining in Asylum, 31st December, 1926 .. ..	..	..	..	809	804	1,613
Average number resident during the year .. ..	..	..	..	802	791	1,593

TABLE 1A.—Shewing the number of previous attacks among those admitted during the Calendar Year, 1926, distinguishing those attacks that have been treated to recovery and discharged.

Number of previous attacks.	Having had previous attacks.					
	All attacks.			Attacks followed by discharge or recovery.		
	Males.	Females.	Total.	Males.	Females	Total.
Have had 1 previous attack	33	28	61	8	9	17
Have had 2 previous attacks	8	6	14	6	4	10
Have had 3 previous attacks	2	5	7	1	3	4
Have had 4 previous attacks	4	3	7	..	1	1
Have had more than 5 attacks	2	3	5	..	1	1
Unknown	30	38	68	3	12	15
	79	83	162	18	30	48

TABLE II.—Showing the Cases of Deaths during the Calandar Year 1926 with the ages at Death.

		Under 20		20 and under 30		30 and under 40		40 and under 50		50 and under 60		60 and under 70		70 and over		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Cerebro-Spinal Diseases—</i>																	
Chronic Brain Disease	..	..	..	..	..	..	..	2	..	1	..	1	1	1	..	5	1
Cerebral Hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Manical Exhaustion	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2	..
Epilepsy	..	1	..	..	..	..	..	..	..	1	..	1	..	..	..	3	..
Cerebral Syphilis	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	2	..
<i>Thoracic Diseases—</i>																	
Pulmon ry Tuberculosis	..	..	2	3	5	5	4	4	6	1	..	2	..	..	..	15	17
Heart Failure	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Empyem'a	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pleurisy	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	1	3
Broncho Pneumonia	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Pneumonia	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	2	..
Abscess of Lung	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Bronchiactasis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
<i>Abdominal Diseases—</i>																	
Bright's Disease	..	..	..	1	..	..	..	1	1	1	..	..	..	..	..	3	1
Dysentery	..	..	..	1	7	1	..	..	2	..	1	1	2	..	..	3	12
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Enteric Fever	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
Pelvic Cellulitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cirrhosi of Liver	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Colitis	..	..	..	..	..	1	..	3	..	1	..	1	..	..	..	6	..
Carcinoma Pancreas	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Cancer of Stomach	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	1
Tubercular Enteritis	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Cancer of Rectum	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
<i>General Diseases—</i>																	
General Tuberculosis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3
Aneurism of Aorta	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Arterio Sclerosis	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Gen. Paralysis of the Insane	..	..	..	..	1	..	2	..	1	2	..	..	..	..	..	4	2
Absress of Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Disseminated Schorio	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Sprue	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Pernicious Anæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shock due to severe head	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
injuries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pe'lagra	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	2
Tubercular Spleen	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis of Liver	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
Syphilis	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
																55	54

TABLE III.—Showing the duration of the disorder on admission in the admissions, discharges and deaths during the Calendar Year ended 31st December, 1926.

Class.	Admission.			Discharges.						Deaths.		
				Recovered.			Relieved or otherwise.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>First Class</i> —First attack, and within 3 months on admission	96	105	201	42	37	79	4	11	15	37	30	67
<i>Second Class</i> —First attack, above 3 and within 12 months on admission ..	9	19	28	10	18	28	2	3	5	6	6	12
<i>Third Class</i> —Not first attack, and within 12 months, etc.	48	22	70	40	16	56	..	1	1	6	7	13
<i>Fourth Class</i> —First attack, or not but of more than 12 months on admission ..	12	8	20	2	4	6	..	..	..	2	8	10
<i>Fifth Class</i> —Congenital .. ..	..	2	2	1	..	1	..	..	..	..	..	..
Unknown	21	16	37	..	..	..	..	..	..	4	3	7
Total	186	172	358	95	75	170	6	15	21	55	54	109

TABLE IV.—Showing the probable Causes of Insanity in the Patients admitted during the Calendar Year ended 31st December, 1926,

Cause of Insanity.	Number of instances in which each cause was assigned.											
	Number of cases.											
	Admissions—Males, 186, Females, 172, Total 358.											
	As pre-disposing cause.			As exciting cause.			As pre-disposing or exciting where these could not be distinguished.			Grand Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Moral—												
Domestic trouble (including loss of relatives and friends)	2	2	..	..	..	..	2	2
Adverse circumstances (including business anxieties and pecuniary difficulties)
Mental anxiety and worry (not included under above two heads) and over-work
Religious excitement	12	12	..	..	..	..	12	12
Love affairs (including seduction)	1	1	..	..	..	..	1	1
Physical—												
Intemperance in drink	5	..	5	..	..	..	..	..	5	..	5
Accident or Injury	2	2	..	..	..	..	2	2
Traumatism	3	..	3	..	..	..	..	..	3	..	3
Other bodily disease	1	1	..	..	..	..	1	1
Previous attacks	44	26	70	..	..	..	..	..	44	26	70
Hereditary influence	29	40	69	..	..	..	..	..	29	40	69
Adolescence
Epilepsy	2	..	2	5	12	17	..	..	7	12	19
Puerperal	2	2	..	..	..	..	2	2
Syphilis	9	..	9	..	2	2	..	..	9	2	11
Not known	81	68	149	81	68	149
Senility	3	3	6	..	..	..	..	..	3	3	6
Menopause	2	2	..	..	..	..	2	2
Ganga Smoking	5	..	5	..	..	..	..	..	5	..	5

TABLE V.—Showing the form of Mental Disorder in the Admissions, Recoveries and Deaths during the Calendar Year and the form of Mental Disorder of the Inmates on 31st December, 1926.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital or Infantile mental deficiency—												
(a) with Epilepsy	1	..	1	..	..	..	..	..	..	26	..	26
(b) without Epilepsy	1	..	1	5	..	5	1	..	1	7	..	7
Epilepsy—Acquired	9	5	14	5	..	5	3	..	3	42	46	88
General Paralysis of the Insane ..	16	3	19	..	..	..	5	3	8	18	2	20
Mania—												
Acute	72	41	113	35	35	70	28	18	46	168	203	371
Chronic .. ..	..	..	..	..	..	..	..	..	..	46	99	145
Recurrent	42	22	64	28	20	48	2	4	6	96	72	168
Puerperal .. ..	..	1	1	..	..	..	..	5	5	..	2	2
Senile .. ..	..	5	5	..	4	4	..	2	2	..	..	..
Adolescent Insanity	1	..	1	1	1	2	..	..	..	1	16	17
Melancholia—												
Acute	10	26	36	4	6	10	..	4	4	49	12	61
Chronic .. ..	..	..	..	..	..	..	..	..	..	28	6	34
Recurrent .. ..	..	4	4	1	..	1	..	..	..	..	..	..
Puerperal .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Senile .. ..	..	..	..	..	..	..	..	..	..	10	..	10
Dementia—												
Præco “Præcox”	13	50	63	5	5	10	7	..	7	136	88	224
Primary .. ..	..	..	..	1	..	1	..	9	9	45	168	213
Secondary .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Senile	4	1	5	..	1	1	4	..	4	49	65	114
Organic (<i>i.e.</i>) from tumours, coarse brain lesions, etc.	1	..	1	..	..	..	..	3	3	5	..	5
Alternative Insanity .. ..	..	..	..	..	..	..	..	..	..	83	..	83
Delusional Insanity	16	14	30	10	3	13	5	6	11	..	25	25
.. ..	186	172	358	95	75	170	55	54	109	809	804	1613

FINANCIAL STATEMENT.

TABLE VI.—Cost of Maintenance for the year 1926-27.

	£	s.	d.
Salaries	3,572	13	11
Wages	9,951	15	11
Religious Services	64	10	0
Dietary	18,920	3	11
Uniform for Nurses and Servants	445	16	4
Furniture and Utensils	346	19	5
Clothing and Bedding	2,326	7	6
Drugs and Medical Appliances	382	3	1
Funeral Expenses	129	10	2
Travelling Expenses of Discharged Lunatics	74	8	0
Farm and Grounds and Repairs	235	7	3
Rent of Telephones	24	17	5
Washing and sanitary arrangements	419	5	6
Fuel and Lighting	932	19	4
Water Rates	500	0	0
Miscellaneous	56	12	6
Stationery	28	2	9
Installation of Electric Light	695	0	0
Passage of Medical Superintendent	119	7	6
Compensation for loss of clothing	3	10	0
	£39,229	10	6
Less Refund of Duty on supplies	418	15	1
	38,810	15	5
LESS REIMBURSEMENTS.			
Contributing Patients, &c.	2,574	1	10
Immigration Fund (Law 31 of 1910)	127	7	6
Parochial Poor Rates (Law 26 of 1914)	18,592	0	0
Net cost to General Revenue	17,517	6	1

TABLE VII.—Law 26 of 1914.

	Law 26 of 1914.			Amount for 1925-1926.	Law 26 of 1914.			Amount for 1926-1927.
	No. of Patients, 1925.				No. of Patients, 1926.			
	Males	Fe- males.	Total.		Males	Fe- males.	Total.	
Kingston and St. Andrew }	302	316	618	£ s. d. 2,363 0 0	273	272	545	£ s. d. 2,540 0 0
St. Thomas	27	32	59	856 0 0	54	52	106	921 0 0
Portland	35	41	76	987 0 0	28	34	62	1,061 0 0
St. Mary	66	49	115	1,438 0 0	45	42	87	1,547 0 0
St. Ann	49	44	93	1,429 0 0	69	61	120	1,536 0 0
Trelawny	18	27	45	697 0 0	55	42	97	750 0 0
St. James	36	34	70	845 0 0	17	25	42	909 0 0
Hanover	17	35	52	771 0 0	41	38	79	829 0 0
Westmoreland	53	48	101	1,387 0 0	21	31	52	1,492 0 0
St. Elizabeth	60	62	122	1,597 0 0	55	56	111	1,718 0 0
Manchester	47	44	91	1,288 0 0	53	59	112	1,335 0 0
Clarendon	53	53	106	1,663 0 0	45	43	88	1,789 0 0
St. Catherine	91	86	179	1,946 0 0	50	51	101	2,093 0 0
Port Royal	..	..	..	21 0 0	94	96	190	22 0 0
	854	873	1,727	17,288 0 0	900	892	1,792	18,592 0 0

TABLE VIII.—Statement respecting Minor Funds of the Jamaica Lunatic Asylum to 31st March, 1927.

1.—SERVANTS' FINE FUND.

	£	s.	d.
Balance on 31st March, 1926	238	14	2
Receipts in 1926-27	23	13	4
Total	262	7	6
Expenditure 1926-27	26	7	0
Amounts at Credit 31st March, 1927	236	0	6

2.—PATIENTS' FUND.

(Including the O'Loughlin Bequest.)

	£	s.	d.
Balance on 31st March, 1926	2,134	7	9 $\frac{3}{4}$
Receipts in 1926-27	151	3	10
Total	2,285	11	7 $\frac{3}{4}$
Expenditure during 1926-27	135	0	1
Amount at Credit 31st March, 1927	£2,150	11	6 $\frac{3}{4}$

TABLE IX.—Shewing the Total Gross Cost, the Reimbursement-in-Aid of Expenses incurred by the Government and the net Cost of Lunatic Asylum to General Revenue.

Year.	Total Gross Cost.	Amount of Reimburse- ments from contributing and Immigration Fund Patient .*	Cost ex- clusive of reimburse- ments in previous column.	Total re- imbursements in-Aid.	Net Cost to General Revenue.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1923-1924	38,826 1 5	2,594 2 11	36,231 18 6	18,846 8 2	19,979 12 3
1924-1925	39,908 3 2	1,883 11 0	38,024 12 2	18,833 11 11	21,074 11 3
1925-1926	40,473 19 0	2,637 9 5	37,836 9 7	20,470 19 8	20,002 19 4
1926-1927	39,229 10 6	2,701 9 4	36,528 1 2	2,172 4 5	17,517 6 1

TABLE X.—A Return shewing the General, Financial and other Operations of the Lunatic Asylum for the years 1923-1924, 1924-1925, 1925-1926, 1926-1927.

Year.	Salaries and Religious Services.	Wages.	Dietary.	Uniform for Nurses and Servants.	Furniture and Utensils.	Clothing and Bedding.	Drugs and Medical Appliances.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1923-1924	3,750 2 0	9,056 14 2	18,552 8 6	528 15 8	386 19 1	3,466 5 7	466 18 5
1924-1925	3,703 7 3	9,232 6 6	20,070 17 9	407 16 2½	315 10 10	2,857 17 9½	410 2 6
1925-1926	3,565 16 5	9,439 15 1	20,655 11 7	321 13 1	316 12 5	2,778 8 3	399 6 9
1926-1927	3,637 3 11	9,951 15 11	18,920 3 11	445 16 4	346 19 5	2,326 7 6	382 3 1

Year.	Funeral Expenses.	Travelling expenses of Discharged Lunatics.	Farm and grounds and Repairs.	Rent of Telephones.	Washing and Sanitary Arrangements.	Fuel and Lighting.	Water Rates.	Miscel- laneous.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1923-1924	44 14 6	60 14 8	325 3 3	24 3 0	394 13 5	1,123 14 11	500 0 0	100 11 4
1924-1925	83 10 0	51 16 7	324 15 4	24 3 0	535 10 0	1,316 2 2	500 0 0	38 8 11
1925-1926	77 15 0	54 19 2	297 15 7	22 8 11	495 1 0	1,388 11 2	500 0 0	42 10 7
1926-1927	129 10 2	74 8 0	235 7 3	24 17 5	419 5 6	932 19 4	500 0 0	56 12 6

	Compensation for loss of clothing.	Stationery.	Passage of Assistant Medical Officer.	Purchase of Live Stock.	Passage of Medical Superinten- dent.	Installation of Electric Light.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1923-1924	..	24 12 11	39 10 0	..	..	..
1924-1925	..	25 18 4	..	..	..	..
1925-1926	..	24 19 11	..	5 16 1	90 17 0	..
1926-1927	3 10 0	28 2 9	..	..	119 7 6	695 0 0

Superintending Medical Officer, Kingston.

Sir,

I have the honour to submit the Report of the Victoria Jubilee Hospital for the year ending 31st December, 1926.

On the resignation of Dr. M. Grabham I was temporarily appointed Visiting Medical Officer as from 1st November, 1926.

The number of patients admitted during the year was 1,343, an increase of 399 over the 944 of the previous year.

Of these 1,077 were black, 251 coloured, 11 white, 3 East Indians and 1 Chinese; 303 of the patients were married.

1,012 of the patients were residents of Kingston, 309 of St. Andrew, and 22 of the other parishes.

There were 10 deaths during the year, giving a maternal mortality of 0.744% compared with 0.847% for 1925.

The number of infants born was 1,224. Of these 645 were males and 579 females. 80 infants were still-born, 42 of these were macerated. Of the 1,144 infants born alive 39 were premature and 49 died.

Congestion and high pressure of work continue to prevent any attempt at starting the Antenatal Clinic. The need for such a clinic is as urgent as ever, as shown not only by the large numbers of still-births, 80, premature births 29, miscarriage 32, but also by the frequent occurrence of Albuminuria 127 cases, and Eclampsia 12 cases. It will be noted that, while the number of patients has increased by over 40%, there has been no increase in the nursing staff. At present this is impossible owing to lack of accommodation.

25 nurses were admitted for training during the year, 4 were found unsuitable and left. 12 nurses were awarded certificates. It is with sincere sympathy with her parents, that we record that one of these, Miss Pearl Tatem, was lost at sea with the "Rosalie" when returning home to Turks Island.

We acknowledge with thanks the following most acceptable gifts:— a chair for the Nurses' Lounge from Lady Stubbs; a chair for the Nurses' Lounge from Miss Kathleen Barnett of Guernsey; a tablecloth and cretonne square from Mrs. Franklin, Hyde Park Corner, London; weekly supplies of bananas from Atlantic Fruit Co.; grapes from Mrs. H. G. DeLisser; a Christmas ham from Dr. Cameron; a turkey from Dr. Grabham; a Christmas box from Dr. C. A. Thomson; crackers and decorations from Mrs. Bourne and Miss McCarthy; sweets from Miss Lambert; and other generous gifts from friends who insist on remaining anonymous. Our special thanks are due to Mrs. Bourne for yeoman help with the Christmas dinners.

GEO. S. ESCOFFERY,
Visiting Medical Officer.

SYNOPSIS OF CASES.

Total admissions	1,343	Tuberculosis	1
Primiparae	517	Uterine Fibroids	1
Twins	19	Uterine Inertia	5
Presentations:—		Vomiting, Pernicious	6
Vertex	1,178		
Unreduced Occipito-Posterior	4	Foetal and Infantile Complications:—	
Breech	22	Abscess of Neck	1
Transverse	4	Anencephaly	1
Face	4	Asphyxia Neonatorum	14
Footling	11	Atresia of Anus	1
Cord	1	Born with a tooth	1
Maternal Complications:—		Cephalhaematoma	1
Abscess of Breast	2	Convulsions	2
Alastrim	1	Extended Arms	1
Albuminuria	127	" legs	1
Colitis	1	Extra fingers	12
Cystitis	1	Fractured clavicle	1
Eclampsia	12	Haemorrhagic Diathesis	5
Embolism (of cardiac origin)	1	Ophthalmia	41
Fever transitory	20	Prolapse of Cord	3
Gastritis	1	Unrotated shoulders	1
Haemorrhage Accidental	7	Operations.—	
" from Placenta Praevia	5	Application of Forceps	25
" Post partum	21	Craniotomy	2
Heart Disease	3	Curettage	15
Hydatidiform Mole	1	Excision of extra fingers	10
Hydramnios	2	Intravenous transfusion	1
Hysteria	1	Perineal repairs	96
Icterus Gravis	1	Venesection	7
Laceration of Cervix	1	Version	10
" " Perineum	96	Causes of Maternal Deaths:—	
Miscarriage	32	Accidental Haemorrhage	1
Nephritis	2	Colitis	1
Pelvic Contaction	4	Eclampsia	3
Rheumatism	1	Heart failure	1
Retained Membrane	38	Icterus Gravis	1
Subinvolution of Uterus	1	Nephritis	2
Thrombophlebitis	1	Toxaemia of Pregnancy	1

Lepers' Home, Spanish Town,
March, 1927.

Hon. Superintending Medical Officer,

I have the honour to submit Annual Report of the Lepers' Home for the year ending 31st Dec., 1926.

Staff and Accommodation.—Medical Attendant, Superintendent and Dispenser, Matron, Under Nurses (4), Cook and Assistant Cook; Messenger.

In addition to the above, the services of inmates are utilised as labourers, porters, laundresses, etc.

Condition of Buildings and Grounds.—All the buildings need repainting and renewal of gauze-wire.

The grounds are kept by the inmates and are in good order.

Sanitary Arrangements.—Dry earth bucket system, the contents cleared daily and buried in pits by the inmates in the Farm. Drainage is by concrete gutters, the fall is very small and several of these gutters need repairs.

Water Supply.—Spanish Town Water supply. The pressure is very low—quantity unlimited.

Dietary.—Approved by His Excellency the Governor.

Recommendations for Patients.—120 beds on Estimates.

Number of Patients.—On 1st January, 1926, there were 61 males and 47 females, total 108. Admitted during the year 15 males and 6 females, total 21.

Discharged during the year—6 males and 7 females, total 13.

Died during the year—6 males and 3 females, total 9. Death rate 6.9%.

The longest period any one inmate has been in the Home is 45 years 10 months.

Treatment.—During the year I have continued Anti-Leprol capsules and ointment with satisfactory results. 20 special cases were treated with Sodium Gynocardate in tablets as a new treatment. It is observed that there is easy tolerance of this drug as against the gastric disturbances caused by Anti-Leprol, and I hope for good results in early cases.

During the year our friends have sent their usual gifts of reading matter, for which I beg to return grateful thanks. The inmates had their usual treats on holidays.

Spiritual ministrations were carried out regularly during the year.

G. P. CAMPBELL,
Medical Attendant.

Report of the Overseer of Works Hookworm Campaign, 1926.

During the months of January and February, supervision of sanitation in St. Mary parish was continued, in addition to carrying on in the Buff Bay Area, Portland.

Buff Bay Area.—The Sanitation Campaign in the Buff Bay Demonstration Area which was started in October 1925 was concluded in April. Within the districts embraced the number of adults and children reached, amounted to 8,022. The number of premises sanitated, inclusive of schools, estates, and the Public Hospital being 1,636, all with the exception of a few cases, at the expense of the owners and householders. Of this number, 1,218 premises had no provision previously in any shape or form, and in the majority of cases in which conveniences of some kind did exist, they were of negligible make-shift description, and insanitary.

Owing principally to the fact that the pits subsequently made in the Area were mostly stone-packed, none of these suffered during the flood rains in the latter part of 1925. On the completion of the sanitation in Buff Bay Area in May, one Inspector was detailed for Follow-up duty, and this Officer has, so far, justified his appointment.

Port Antonio Area.—Port Antonio Area was taken up in May. The Parochial Board have liberally sanctioned the appointments of such Officers (temporary and permanent) necessary for the large extent, and scattered districts of the Area. This comprises (1) the Coast towns from Hope Bay, (10 miles westerly) through St. Margaret's Bay, Snow Hill, Norwich to Bryan's Bay (Port Antonio), (2) Rio Grande Districts from Breast Works to Fellowship and Terra Nova, etc. (3) and along the coast 5½ miles eastwards to Drapers and Cold Harbour. Following a visit paid by the Hon. S.M.O. and Dr. Washburn to the Parochial Board meeting in July, it was decided that, in addition to the above-named districts, the complicated and undesirable sanitary system of the town and environs of Port Antonio should be improved. The results have been satisfactory in most parts, but unfortunately the objectionable bucket system hitherto obtaining has to be perpetuated in certain sections due to proximity of water to the ground surface and the consequent difficulty to obtain pits. In this connection it has been pointed out in separate reports that there is urgent necessity for a radical change on the part of the Local Board in dealing with and handling this precarious and unsatisfactory part of the town's sanitation. It would further appear necessary that such a change should be effected prior to the advent of the Hookworm Treatment Campaign.

Generally throughout the Area, taking into consideration the existing poor circumstances of the majority of the people, the results achieved in the shape of substantially built sanitary conveniences of a superior, permanent type, with spacious pits, ranging from 7 feet and over in depth, have been excellent, owing largely to perseverance and persistence of the Sanitary Inspectors, and their refusal to accept anything but the best and most durable class of work possible in each case. This improvement has been noticeable in each successive stage of the Campaign from St. Catherine to Richmond, Port Maria, Annotto Bay and Gayle in St. Mary to Buff Bay in Portland, and the present Port Antonio Division. The expenditure, apart from supervision, has been almost entirely borne by the owners and householders.

The number of people reached in the present Area (adult and children) is 14,559; number of premises found to be without sanitary convenience of any kind 1,374, number sanitated to date (approximately) 2,023.

A new type of squatting latrine, already described in pamphlet form, which was provided on several estates and in the markets at Buff Bay, Hope Bay, and Port Antonio, has proved very successful, being much appreciated by the people, who formerly had found it impossible to use the ordinary seats in the correct manner.

Among results achieved has been the substitution of a water flushing system in place of the open buckets at the Railway Station of Port Antonio, and it is understood that the Management have plans to make provision in 1927 to introduce the same system, where a water service is available, at such stations as Montego Bay and Annotto Bay.

The sanitation of schools in some districts is backward and in some instances extremely bad, apparently due largely to the difficulty on the part of the School Managers to cope financially with the matter, but partly, it cannot be denied, in some instances, due to apathy and neglect.

Visits of inspection were made in March by Dr. Washburn, in April by Dr. Howard, Dr. Washburn and the Hon. S.M.O., in July by the Hon. S. M.O. and Dr. Washburn.

The following tables give condensed statistics for Portland to date:

Census.	Buff Bay Area.	Pt. Antonio Area.	Total.
Number of homes and premises (including Estates and Hospitals)	1,668	2,611	4,279
Number of above homes unoccupied	20	2	22
Number of homes and premises found with sanitary latrines	12	92	104
Number of homes with insanitary and in many cases dilapidated and useless conveniences	418	1,145	1,563
Number of homes and premises without sanitary conveniences of any kind whatever at the inauguration of the Campaign	1,218	1,374	2,592
Number of homes and premises sanitated to date	1,636	2,023 (Approximate)	3,659
Number of population	8,022	14,559	22,581

Census of new premises in districts of Balcarres and Black Hill outside of the Buff Bay Demonstration Area and now being sanitated under the supervision of the Follow-up Officer—No. of homes 113; number of occupants, 402; number of homes without any sanitary convenience 102; with insanitary surface latrines, 9; with sanitary pits, 2.

Expenditure.

Remarks.

Inspectors and Office Messenger, Buff Bay Oct. 25 to May 26	£270 0 0	
Follow-up Officer, Buff Bay (May to December)	78 4 0	
Making model latrines	1 1 0	
Advances by Parochial Board for provision of latrines for Paupers, etc., in Buff Bay Area	61 19 10	One-half recoverable from the Central Govt.
Galvd. Cont. Roofing imported and cost of sanitary pails made to date	100 0 5	To be recovered from the users.
Lumber purchased to be used for Paupers in the Port Antonio Area to date	3 12 0	One-half recoverable from the Central Government.
Sanitary Inspectors, Office and Sundries in the Port Antonio Area	420 0 0	
(Approximate) Total	934 17 3	

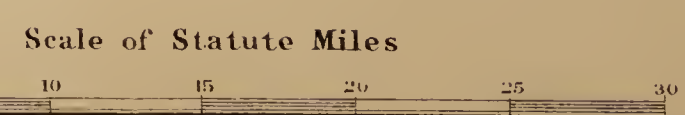
J. R. WALKER,
Overseer of Works Hookworm Campaign.

MAP OF
JAMAICA
PREPARED FROM OFFICIAL
AND OTHER SOURCES FOR THE
HANDBOOK OF JAMAICA.
(1922)



REFERENCE

Boundaries of Counties	-----	Towns and Villages	■
Do. of Parishes	-----	Churches and Chapels	+
Railways & Stations	—+—	District Court Stations	•
Driving Roads	—	Estates and Settlements	□
Bridle Paths	—	Swamps	~
Post Offices	*	Canals	—
Police Stations	△	Rivers	—



Longitude West from Greenwich

